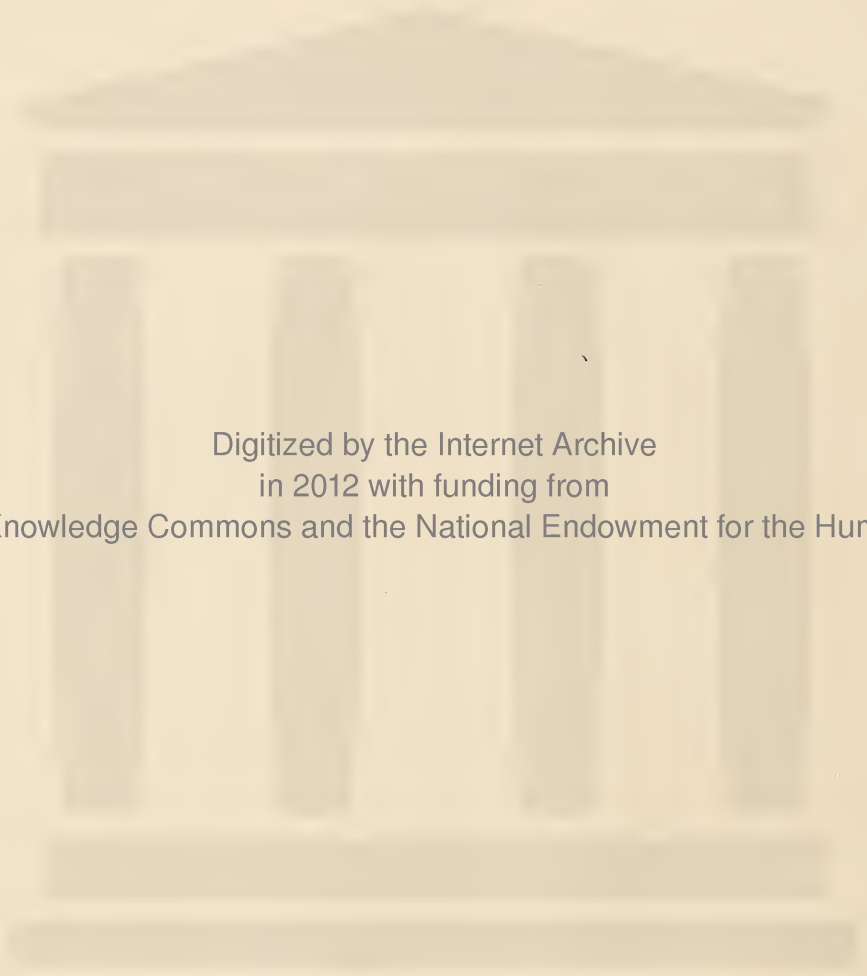




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VOL. I. NO. 1.

JUNE, 1827.

THE

American Journal

OF

FOREIGN MEDICINE,

OR AN ATTEMPT

TO TRANSMIT TO AMERICAN PHYSICIANS THE SPIRIT OF TRANSATLANTIC JOURNALS, AND ALL SUCH ADDITIONS MADE IN EUROPE TO THE MEDICAL SCIENCES, AS ARE DEEMED OF PRACTICAL UTILITY.

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* * Several Advertisements omitted in this number for want of room, will appear in the next.

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PROSPECTUS

OF THE

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THE improvements which are daily made in the Medical Sciences throughout all the cultivated nations of Europe, must, to every one who attentively examines the subject, appear matter equally of satisfaction and astonishment. Surgery, Practical Medicine, the *Materia Medica*, and Pharmacy, have been within a few years, assuming almost a new character; and the valuable additions constantly making to these branches of knowledge, promise a still more rapid increase in their resources and utility. These additions, however, are unnoticed and unknown on this side of the Atlantic, until they are adopted into the body of Medical Literature, and become a part of the standard works of the day. They are known to the European public through the medium of their Journals,—a species of publication eminently useful in all the departments of knowledge, and particularly well adapted for the diffusion of that Science in which every new fact is immediately important to the welfare of the community. A few of these Journals are indeed transmitted to this country; but the majority of the profession remain in ignorance of their contents, except so far as they are communicated through the inadequate medium of publications, principally devoted to domestic and local topics. Those of which this *partial* knowledge is obtained, form but a small proportion of the Periodical additions to European Science. The expense and trouble of obtaining works of this kind, and the variety of the languages in which they appear—languages, a knowledge of which the avocations of our professional men leave them little time to acquire—are insurmountable obstacles to their circulation here.

Under these circumstances, there seems to be a demand in this country for a publication, which may secure to the American community a portion of these now neglected treasures;—for a PERIODICAL work, whose object it shall be to select from the Journals of Great Britain and the continent, those articles of intelligence which appear most applicable to the practical necessities of the profession here, to translate those derived from the last mentioned source, and thus to enable our countrymen to command with facility and at a cheap rate, that information which is now diffused over a wide field, and only attainable with labor and difficulty.

With these views the present work is now offered to the Public, and in order that its design may be the more effectually fulfilled, the Editors have taken measures to procure, *immediately as they are published*, the best established periodicals in Great Britain, France, Switzerland, Italy, and Germany. The materials gathered from these works will be arranged in the American Journal, under the following heads.

1st. SELECTED ARTICLES. In this department will be inserted such papers as promise to be useful in a practical point of view, and are not too long to be inserted entire in a Journal of this description.

2d. SKETCHES AND ABRIDGMENTS OF INTERESTING PAPERS. As in all parts of the work much judgment will be required in making selections, so in this, will also be found the most laborious task for the Editors. It will consist of accounts of such articles as are themselves too long to be in-

serted entire, and yet contain much which is too valuable to a practising physician, not to be recorded and remembered.

3d. MISCELLANEOUS INTELLIGENCE. The title is sufficiently well understood;—under this head, besides the usual variety of Medical news, we shall insert a monthly list of new Medical Books; and, when we have occasion, a list of *Medical Eccentricities*.

In addition to the above, the Editors propose, whenever their limits will allow, to give a sketch of such portions of the Medical Journals of the United States, as will be interesting to practising physicians, together with a summary of domestic intelligence.

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THE AMERICAN Journal of Foreign Medicine.

No. 1.]

JUNE, 1827.

[Vol. I.

It may safely be asserted, that many Physicians owe their professional reputation and their fortune to some hint which has come to them at a lucky moment, through the medium of Monthly Journals.—GREGORY.

SELECTED ARTICLES.

DISEASE OF THE NAILS.

Observations on the Anatomy and Diseases of the Nails.

By Sir ASTLEY COOPER, Bart, &c, &c.

IN reply to your inquiries of what I have so long taught upon the diseases of the nails, and the structure by which they are produced, I with pleasure send you the following account; although that part which relates to their diseases you will find in my published lectures, and the anatomical description has been given in my anatomical course.

Of the Nail.—When this part is separated by putrefaction, and its internal surface is examined, it is found to be divided into three parts: viz.—1st, a hollow and nearly smooth white surface, at its root; 2dly, a hollow white laminated surface, in its middle; 3dly, a hollow, brownish, and less distinctly laminated portion, near its extremity.

Of the Ungual Surface beneath the Nail.—This is divided into two parts. Opposite to the hollow at the root of the nail is placed a highly vascular and villous surface, which I call the unguinal gland, and the portion of the nail over this surface is thinner than the rest. Beyond this secreting surface appear a number of laminæ, like the under part of the mushroom, which are parallel with those placed in the inner part of the nail, and which pass in the direction of the axis of the finger. The parts of the nail usually cut project beyond these laminæ.

The unguinal gland is a very vascular surface, and its use is to

secrete the nail, which proceeds from it between the laminae placed before it; so that the nail grows from its root, as may be easily seen by cutting a notch there, which grows gradually out in about three months, advancing until it reaches the extremity of the nail. The growth of a new nail also illustrates this position.

The laminae situated anteriorly to the secreting surface, and upon the third phalanx of the finger, are highly vascular, as far as the adhesion of the nail extends; but beyond this the cuticle of the end of the finger turns in to unite itself to the laminae. Their vessels are arteries and veins, the latter of which form a plexus, with very frequent communications. The nail adheres to the finger by the cuticle, and it therefore separates by putrefaction and boiling; it also adheres at its root to the secreting surface which produces it; and, above all, it adheres by its laminae being received between the living laminae beneath. Opposite to the root of the nail, the cutis and cuticle are double, and turn inwards; so that a considerable portion of the nail is covered by the common integuments. The cuticle unites to the nail; the cutis passes under it, to produce the secreting surface and laminae,—it is vascular and villous, that it may secrete the nail; vascular and laminated, in order to produce the adhesion of the nail to the skin.

On the diseased Growth of the Nail.—The nail sometimes grows broader than it ought, and it then produces ulceration by the pressure of its edge, which is followed by an irritable and fungous granulation. As this state arises from the breadth of the nail, and its consequent pressure, it sometimes continues for months, or even for years; yet it will yield to proper treatment in two or three weeks. The common mode of relief consists in cutting a notch in the centre of the nail; in scraping its extremity thin; in putting it frequently in warm water, and in putting a piece of lint under its projecting edge; but this mode often fails in producing a cure, and frequently is only a temporary relief. In obstinate and difficult cases of this unnatural growth of the nail, I have, for thirtyfive years, recommended and practised the plan of cutting away the edge of the nail with scissors, from its extremity to its root; by which a cure is often produced in a few days, and in the worst cases in two or three weeks. A poultice only is afterwards required.

Of Disease in the Ungual Gland.—In diseased states of the constitution, the secreting surface which produces the nail, gets into a morbid state, and, instead of a healthy nail being formed, it throws out one which is black, everted, unadherent, and which so irritates the vascular surfaces as to produce an irritable, sloughing, and very painful sore, which renders the patient lame, so as to prevent his gaining his daily bread. As this is a constitutional as well as local disease, it becomes necessary to employ constitutional and

local means of treatment. My usual plan is to give a grain of Calomel, with a grain of Opium, night and morning, with the Decoctum Sarsaparillæ Compositum; and to apply the Liquor Calcis ζ iv. with Calomel ζ j. by means of lint with oiled silk over it. This plan often succeeds; and, if it does not, it destroys the predisposition to the disease.

After giving these constitutional remedies, if the sore does not heal, I have sometimes applied a blister to bring off the nail, and alter the action of the ulcer. But in hospital practice, where persons are anxious to return to their labor, and to have their disease quickly and effectually removed, I have always dissected away the secreting surface which produces the nail, and prevented the possibility of a recurrence of the disease.—*Med. & Phys. Journal*.

London, April, 1827.

CONSUMPTION AT MADEIRA.

Observations on the inexpediency of sending Consumptive Patients to Madeira. BY A. H. RENTON, M. D.

THE object of the following observations is to save from much unnecessary suffering and inconvenience a hapless class of beings, for whose relief but little can be done by medicine, and whose fate the most callous of us must necessarily deplore. I allude to those invalids sent hither from England in the last stage of pulmonary consumption.

It would be foreign to the intention of this communication, to make any remarks on the nature of the symptoms which indicate diseased lungs, or to say a word about the cure of a disease which, in its advanced stages at least, most medical men believe to be, in the present state of our knowledge, irremediable. No unusual share of acuteness is necessary to detect confirmed consumption, and still less is requisite in forming an opinion as to its result. My only object is to call the attention of my professional brethren to the inutility, I had almost said the cruelty, of the practice of annually banishing from home and all its comforts, a host of devoted victims, whose very hours are numbered, and who are thus, by the decision of their medical attendant, deprived of the only consolation which can be afforded them in their descent to the grave, the society and soothing attention of affectionate relatives. The increasing frequency of this practice shows that the judicious remarks of others on this subject have been neglected, and that the following observations may not be unnecessary.

That this measure is frequently adopted merely to gratify the wishes of the unfortunate sufferer, or those of his friends who are, naturally enough, anxious to leave nothing untried in their search for

means of relief, is probably true. But it is evident, both from his own account, and from the written statement which he brings with him, and which, but too frequently, holds out the most flattering hopes of recovery to breathless, I may say *lungless* objects, worn down to the bone by profuse colliquative discharges, that, generally speaking, the patient himself has little to say in the arrangement, and that it is principally in obedience to medical advice that he undertakes a voyage, productive of nothing but mischief and disappointment. What object a practitioner can have in view in sending invalids abroad, in such hopeless circumstances, it is difficult to conceive. One would suppose that the dissection of a single body dead of phthisis, which had run its ordinary course, would be sufficient to convince the firmest believer in the certainty of the efficacy of our art, that neither change of climate, nor any known means, can avail in the repair of such extensive disorganization, as must evidently have existed for a long time previous to the death of the subject. As to any relief from suffering which is obtained by dragging out the last few months of existence in a warmer climate, the inconvenience which is invariably experienced during the first part (and to him the whole) of a residence abroad, would more than counterbalance it, were it much more considerable than it actually is; for he must know little of his own kind who is not aware of the difference between the comfort which is to be derived from the watchful attendance of attached friends, and that to be expected from the usual, however kindly offered or well intended, civilities of a stranger. So uniform is the result of this practice, that the annual importation of invalids from England is thought a fit subject for ridicule. “La vai mais hum Inglez a Laranjeira;” there goes another Englishman to the Orange tree, (the protestant *burying* ground,) has become the joke among the boatmen on landing these unfortunates on the island.

The following table, limited as it is, will give a tolerably correct idea of what is to be expected from a residence here in lung cases. It is taken from those of which I happen to have memoranda, and which form a part of those which have been sent here during the course of the last eight years. It does not include the invalids who have come out this winter, many of whom will never see their native shores again.

In the cases marked “confirmed phthisis,” there were copious purulent expectoration, diarrhœa, &c, and almost all of them terminated fatally here. I examined the bodies of fifteen of them after death in the presence of some of my professional friends; and in every instance the lungs were found almost completely disorganized. The extent to which the process of disorganization may proceed before death, is better exemplified here than in Britain, as

the patient's progress, *à son heure suprême*, is less liable to be hastened by accidental inflammatory attacks. In some of them the pulmonary symptoms were stated to be merely secondary, and the liver was denounced as the offender in chief; but in only *one* instance (that of a gentleman from Scotland, in whom that organ was found enormously enlarged, and of which there was sufficient evidence before death) was there found the slightest deviation from healthy structure in any of the other cavities. From this I exclude intestinal ulcerations, which are so generally met with whenever the disease has had an opportunity of running its victim completely down.

Some of those marked "incipient phthisis" were probably not fully entitled to an appellation so ominous. Their general character was, young people who were said to have "overgrown themselves," and who had been subject in England to inflammatory attacks, having cough, &c. Others had suffered from neglected or mistreated inflammation, and in many there was a strong family predisposition to pulmonary disease. Most of them, I have little doubt, would now have been in their graves but for the precautionary measure which was adopted.

The "other diseases" were asthma, scrofulous glandular enlargements, and rheumatism, all of which were benefited by a residence here.

Cases of confirmed Phthisis,	47
Of these there died here within six months after their arrival,	32
went home in summer and returned and died,	6
left the island, but of whose death we have heard,	6
and not since heard of (probably dead,)	3
Cases of Incipient Phthisis,	35
Of these there left the island, much improved in health, and of whom	
we have had good accounts,	26
also improved, but not since heard of,	5
and have since died,	4
Other diseases,	15

 97

From this it appears, that there are in England two sorts of cases in which transportation is recommended; those which are curable, and principally those which are not. Regarding the latter order, I shall merely observe that, in cases of the common tubercular phthisis, in which suppuration has commenced, a prolongation of existence, (and that under severe restrictions) is all that a residence here can be expected to afford. When it has proceeded to any considerable extent, I should consider it the duty of a medical attendant not only not to advise the adoption of such a measure, but most earnestly to dissuade from it those who, from hearsay evidence of the recovery of others in circumstances similar to their own, may feel disposed to fly to it as a last resource.

That great and lasting benefit is to be derived from even a tem-

porary residence in this climate, which is probably inferior to no other, in cases where pulmonary disease is merely threatened, or where strong family predisposition to it exists, many living examples sufficiently prove. But, even under such comparatively favorable circumstances, it ought to be strongly impressed on the mind of the invalid, that half measures are worse than useless ; and that no advantage is to be derived from climate, however fine, unless it be steadily seconded by the utmost caution and prudence on his part.

Madeira, 18th Nov. 1826.

Ed. Med. & Surg. Jour.

LUNAR CAUSTIC.

Directions for using the Lunar Caustic. By JOHN HIGGINBOTTOM, Esq. Member of the Royal College of Surgeons of London. (Communicated by Dr MARSHALL HALL.)

I AM desirous of giving a distinct account of the plan which I have learnt from experience to be the best, in applying the lunar caustic in those diseases in which I have hitherto employed it ; for the *proper mode* of application of the caustic is quite essential to secure its good effects, and to avoid some rather disagreeable consequences of a careless mode of using it.

In the first place, I always prefer to use the lunar caustic in its solid form ; for it is in that state much more manageable than in any other. It is necessary to moisten the surface to which it is applied slightly with pure water, except in the case of ulcers, from which lymph or pus exudes, and then this is only necessary in regard to the surrounding skin.

In the second place, it is essential to know the precise effects of the lunar caustic, in the different degrees of its application. If the caustic be passed once slightly over the moistened skin of any part, except the hand, (upon which the cuticle is thicker than elsewhere,) it induces an eschar simply ; if it be passed over the surface twice or thrice, to the eschar will be added some vesication ; if more frequently still, there will be vesication only. In the first case, there will be no pain ; in the second and last, there will be soreness proportionate to the degree of vesication.

It is essential to the success of this plan of treatment by the lunar caustic, that these observations be kept constantly in view.

I shall now first describe the mode of application of the caustic in the treatment—

1. *Of recent bruised wounds of the shin, &c.*—In recent bruised wounds of the shin, the caustic should be applied upon the wound, taking care to leave no spot untouched, and upon the surrounding skin to the breadth of one-third of an inch, in such a manner as to

induce an eschar without vesications. Any moisture which may remain upon the wound is then to be removed, by gently applying a little linen or lint, and the skin surrounding that to which the caustic was applied is to be moistened, and covered with goldbeater's skin, so that the whole may be protected from accident; the parts are then to be kept cool, free from covering, and exposed to the air.

This is usually all the treatment which is required in this kind of injury. I have generally found that an adherent eschar is formed, and that no further application or attention is required, except in old people, in whom the skin is sometimes irritable from various causes; in this case a little fluid will form upon the edges of the eschar, and will require to be evacuated by a small puncture, as in the treatment of ulcers about to be described; the goldbeater's skin being removed for this purpose, and then reapplied.

If the eschar be removed by accident at any time, the application of the caustic must be repeated as before. If due care be taken to avoid this kind of accident, I have not, in general, found it necessary to enjoin rest.

2. *Of small ulcers.*—I have stated, in my Essay on the Application of the Lunar Caustic, what were the cases in which I supposed it was proper to use this remedy. I have, since the date of that publication, improved much upon the mode of its application, and discovered many new instances of its utility.

The treatment of ulcers by the caustic, certainly requires more care and attention than some other cases; yet I have seldom found it necessary to attend daily to them for more than nine or ten days. It is of the greatest importance that the application of the caustic should be made with the utmost care; I shall, therefore, be very explicit in giving my directions for this purpose.

The surrounding skin is first to be moistened, and the caustic applied lightly, so as not to induce vesication, to the extent of half an inch round the ulcer. It is then to be applied over the ulcerated surface; and it may be applied more freely upon this surface than in the case of a recent wound. The whole is then to be protected by goldbeater's skin, in the manner already described.

The application of the caustic round the ulcer subdues the inflammation of this part, and induces a firmer, and more continuous, and adherent eschar. If any detached vesication be induced, it is to be simply exposed to the air; but if it communicate with the surface of the ulcer, the fluid is to be carefully evacuated. A light dress, as wide trowsers, if the seat of the ulcer be upon the leg, is to be worn.

On the succeeding day, the goldbeater's skin is to be removed, by being moistened with a little water; a small smooth incision is

to be made, by means of a penknife, through the eschar in its central part, and then a little pressure is to be made, so as to evacuate any fluid which may have been effused ; this fluid is to be carefully removed by a little soft linen ; the breach in the eschar is to be repaired by reapplying the caustic ; and the whole is to be protected, as before, by the goldbeater's skin.

On the first and second days, there is usually little fluid secreted ; for five or six succeeding days, rather more is formed. The same means must be employed for evacuating the fluid every day, until the eschar finally becomes completely adherent. This will be ascertained by the appearance of indentations in the surface of the eschar, and usually occurs about the tenth day. It is remarkable that, in cases in which an eschar has been formed over a slough, it has required double the number of days to become adherent.

During the unadherent state of the eschar, it is proper to administer an efficient purgative medicine every second or third day, and to enjoin rest. Afterwards it is necessary carefully to remove the portions of the eschar as they separate at the edges, by means of a sharp pair of scissors, and to take great care to preserve it in its situation by the goldbeater's skin, and from being detached by accident.

3. *Of punctured wounds and bites.*—In recent punctured wounds, the orifice of the wound must be first examined ; if there be any loose portion of skin closing the orifice of the wound, it is to be removed by a pair of sharp-pointed scissors or by a lancet ; the puncture, and the surrounding skin, are then to be moistened with a little water ; the caustic is to be applied to the former until some pain be experienced, and over the latter lightly, so as not to induce vesication. The caustic is then to be applied to the skin, for an inch round the puncture, and to a greater extent if the swelling exceeds this space. The part is then to be exposed to the air.

These cases are generally adherent from the first application of the caustic, but I have sometimes found the eschar to separate from the wound before it has healed, owing to its conical form ; it is then only necessary to repeat the application of the caustic slightly, to complete the cure.

At a later period of punctured wounds, inflammation is usually present, the punctured orifice is nearly closed by the swelling, and a little pus has generally formed within. A slight pressure is to be applied to evacuate this fluid ; the caustic is then to be applied within the puncture, and upon and a little beyond the surrounding inflamed skin, and the parts are to be exposed to dry. In this manner an adherent eschar is formed, and the inflammation subsides. If there be any vesication, it may be simply left to nature ; the fluid is soon absorbed or evaporates.

If there be reason to suppose that an abscess has formed deeply, it must be opened freely by the lancet, and the caustic is then to be applied within the cavity ; a poultice of bread and water, and cold water as a lotion, are then to be applied over the whole. The application of the caustic may be repeated every second or third day, if the swelling or inflammation require it ; and the cold poultice may be renewed every eight hours.

I have several times applied the caustic over an inflamed surface, in cases in which I was not aware that suppuration had taken place. Even in these instances, an immediate check was given to the surrounding inflammation, and relief to the pain ; but, two or three days afterwards, there was an increase of swelling, attended by some pain, which is not usual except when there is matter or some extraneous body underneath. In these cases I made a free incision with the lancet, and applied the caustic and cold poultice.

4. *Of external inflammation.*—I have had many opportunities of trying the efficacy of the lunar caustic in the treatment of external inflammation, and have published some examples of this mode of cure in this Journal for May and June, 1826.

In this case it is best, first to wash the part with soap and water, to remove any oily substance from the skin, and to wipe it dry ; then to moisten the inflamed and surrounding skin, and to apply a long stick of caustic flat upon the moistened surfaces, taking care that not only every part of the inflamed skin be touched, but the surrounding healthy skin, to the extent of an inch or more. The caustic must be passed over the surface twice or thrice only. The part is then to be exposed to the air to dry, and to be kept cool.

In twenty-four hours, if the caustic has been properly applied, it will be observed that the inflammation has greatly subsided, and its progress been checked ; but, if there be one spot left untouched, the patient complains of it. Every such spot must be touched with the caustic. At this period there is usually a little vesication, which, however, only does good, and never increases the inflammation or induces irritation.

On the third day, there is usually more vesication and less swelling, and the patient complains of a little pain, as of that of a blister ; but, on pressure, the part has a puffy feeling, and is quite free from inflammation.

On the fourth day, the vesications are disappearing. It is best to leave them undisturbed, for the dried exudation defends the subjacent cutis.

On the fifth day, the vesicated crusts separate, leaving the subjacent parts free from soreness or inflammation. It is sometimes several days before the whole of these crusts peel off : but I believe it is best to leave them undisturbed.

In *erysipelas from wounds or ulcers*, the wound or ulcer, and the inflamed surface, are to be treated by combining these modes of using the caustic.

In *inflammation of the absorbents*, the caustic is to be applied as in external inflammation, passing it along the course of the inflamed absorbents, and beyond the inflamed surface in every direction.

5. *Of constitutional erysipelas*.—In this affection, bleeding, emetics, and purgative medicines are to be premised, and then the lunar caustic is to be applied in the following manner :—The caustic is to be applied over the whole inflamed surface, and beyond it upon the surrounding skin, to a far greater extent than in phlegmon,—perhaps to the extent of two inches or more round the inflamed border of the erysipelas. Any fresh accession of erysipelas must be immediately treated in the same manner. By means of the caustic, I believe it will often be found that we have a complete control over this disease. If the erysipelas be attended by vesication, the vesicles should be broken, and the part touched with the caustic ; but, if vesications arise from the use of the caustic, they may be allowed to remain undisturbed. When the erysipelas has affected the head, the scalp should be shaved, that there may be no impediment to the due application of the remedy.

6. *Of phagedenic ulcers*.—In phagedenic ulcers, the caustic is to be lightly applied to the whole ulcer, but particularly to its edges and over the surrounding skin. If the ulcer be situated on the glans penis, a little lint is to be left upon it ; if on any other part, the cold poultice and lotion are to be applied.

7. *Of the pain from applying the lunar caustic*.—I have never found the pain induced by application of the caustic any barrier to its use. Patients generally suffer infinitely more from the inflammation, wound, or ulcer, treated in the ordinary way. The caustic gives a little pain at the time, but this is soon over. The ordinary mode of treatment is both more troublesome and painful, and for a much longer period. From the application of the caustic in some painful circumstances, the patient experiences early, if not immediate relief ; and perhaps sleeps for the first time, after passing many restless nights.

I have never observed the least bad consequences from the proper use of the caustic, though this, like all other remedies of great efficacy, requires to be employed with a due attention to such rules as experience teaches us to be best adapted to secure the objects which we have in view.—*Lond. Med. & Phys. Journal*.

Nottingham ; March, 1827.

SCIATICA

Cured by the internal use of Turpentine.

[IN *France*, many of our most powerful and valuable medicines have, till of late, been unknown as internal remedies. When one of the Editors of this Journal was in Paris, he excited some severe suspicions by administering to an American friend, who resided in a French family, a trifling dose of Camphor mixture. The nurse held up both hands in expression of horror; the attendants cried *Mon Dieu!* and had the patient chanced not to recover, he verily believes an arrest by the Police would have been the consequence. Our readers may judge, therefore, how correct is the remark with which the Editor of the *Medico-Chirurgical Review*, introduces the following case in his April number.]

The oil of turpentine is one of the *heroic* medicines which our Continental neighbors have ventured to import from this land of specifics. Venesection is evidently performed with a bolder hand since their intercourse with the English—and even calomel is kept in their boutiques, if not actually prescribed, on some rare occasions.

In the *RE'VUE MEDICALE*, M. Piorry has stated a case of severe femoro-popliteal neuralgia, cured by the medicine at the head of this article.

Madam A—, aged 40 years, had been harassed with violent pains, of a lancinating character, shooting from the pelvis along the thigh, in the direction of the sciatic nerve, and down even to the foot, ever since the month of February, 1826. The pains were increased by the slightest movement, and they were unaccompanied by any visible change in the color, size, or temperature of the parts. The respiratory and digestive functions were healthy; but an evening access of fever obtained, and terminated in a profuse perspiration in the night. The pains were exasperated during the evening accession. This series of symptoms continued for six months, and resisted the various means that were employed by her physicians. She came under M. Piorry's care on the 6th August. He applied forty leeches in the line of the sciatic nerve—the part was enveloped in a large cataplasm—and baths were afterwards administered. Diluent drinks and low diet were enjoined. A slight amelioration ensued, and the leeches were twice repeated. Still the amendment was very inconsiderable, and, indeed, the third application of the leeches exasperated, rather than soothed the pains. The extract of lettuce was then employed, in full doses, but with only temporary benefit. On the 1st of September a large blister was applied, which caused the pain to cease entirely for a time, again to be renewed with equal violence. The oil of turpentine, in the dose

of one drachm thrice a day, was given, suspended in syrup and water, by means of yolk of egg. The medicine produced heat at the epigastrium, but no vomiting the first day. The second day it vomited the patient, and the dose was given only twice a day. The patient could feel that the turpentine remained long on the stomach, and it took away the appetite. On the third day the neuralgia was mitigated, and in four days it was quite dissipated, there only remaining a sense of formication, which also disappeared in a day or two more. The patient thought herself cured—began to walk about her room—and left off the medicine. The pains returned, though in a slight degree, and the turpentine was resumed for a few days more, when the recovery was complete.

It appears, from M. Piorry's account, that this medicine is becoming very popular in Paris. If its taste could be disguised, it would prove a valuable addition to our list of therapeutical agents. In our own practice, the patients have complained more of the terebinthinate eructations than of the mere deglutition of the medicine.

We are not informed whether the carbonate of iron was employed in the above case, prior to M. Piorry's attendance. We suspect that it would have cured the disease as speedily as the turpentine, and with much less inconvenience.

We were recently in attendance on a young gentleman who had long been afflicted with violent accessions of palpitation, pain in the region of the heart, in the upper part of the sternum, in the throat, and down along the left arm, as far as the elbow. He had read several medical books, and was convinced that he had aneurism of the heart or some of the large vessels. He, therefore, nearly starved himself, and certainly was a most deplorable looking object, being afraid of walking across his room, lest the aneurism should burst. By this system, and by the purgation and other depletive measures which he pursued, the disease was evidently exasperated. It usually came on in the afternoon, and would sometimes last the whole night, during which the action of the heart could be heard by the by-standers. When we first saw him the heart was nearly quiet. The chest sounded well in all directions—the action of the heart was heard over only a very moderate space—and no unusual noise accompanied the ventricular or auricular contractions. As he had had no previous illness of any consequence—as he never had rheumatism—and as he had experienced some severe moral afflictions, we were convinced that the disease was of a nervous character. His stomach was very much out of order, in consequence of the vegetable and fruit diet to which he confined himself, from apprehension of aneurism. The diet was changed—and tonics were given. The symptoms were mitigated,

but the paroxysms of palpitation continued to return daily. We then ordered him a drachm of carbonate of iron in some compound confection of senna, (which, by the way, is a very convenient vehicle,) twice a day. In three or four days the paroxysms became trifling in degree. The dose was increased to three drachms daily, and he was soon well.

WOUNDED ARTERY.

IN our last number we noticed a case of puncture of an artery of the arm by a druggist, ignorant of anatomy, in performing the operation of bleeding. Mr White, one of the surgeons of Westminster Hospital, in which the unfortunate patient was received, took up the artery above and below the punctured part. Six days after this operation, blood escaping from a branch of the artery, Mr White secured it by a single ligature. The edges of the wound exhibited an unfavorable appearance. In ten days after this second operation, a considerable bleeding suddenly occurred from many points, by which the patient lost about a quart of blood. The house surgeon, by compressing the trunk of the artery in the arm-pit, suspended the discharge till Mr Lynn, jun. arrived, who immediately tied the artery about two inches above the upper edge of the old wound. Two days after this operation, the bleeding returned, and the house surgeon happening to be near the ward, applied pressure over the axillary artery. Mr White finding, on removing the compression, that the blood flowed freely from the whole surface of the wound, and that the parts had become gangrenous, determined to amputate the limb a little above the part where the artery had been tied by Mr Lynn, jun. The operation was dexterously performed, and all seemed again to be going on favorably.

The disastrous result of this case, we hope, will induce the public, in the most simple surgical cases, and for the most simple surgical assistance, to apply to men, who, by education and experience, are entitled to implicit confidence. In one of our early numbers, we have noticed the death of a young man, from continued loss of blood from the jaw, after extraction of a tooth by a person, who, without any knowledge of anatomy or surgery, boldly commenced the business of general bleeder and tooth drawer.

Gazette of Health.

FATAL MORTIFICATION OF THE TOE.

A curious and melancholy case of this kind was lately reported [LANCET, No. 167] from Bartholomew's Hospital. The patient had been a sailor, and received a bruise from a horse's foot, on the

toe, some three weeks previously. The toe swelled, became livid, and festered. The constitution began to sympathize in a week after the accident. A fortnight before he was admitted, the toe became insensible, after having been very painful. Nov. 2. The integuments of the toe are livid or black—and beyond this, the skin is of a dusky ash-color, and vesicated—no distinct line of demarcation. Constitution greatly disturbed—head-ache distressing; no sleep—pain in the foot unremitting. He was ordered aperient medicine, and after its operation, wine and quinine. 3d. He passed a better night; was this morning free from head-ache, and had a clean tongue. Towards night the bad symptoms returned. The wine and quinine discontinued. 4th. The above medicines were resumed, and continued for some days. At one time there was a faint appearance of commencing separation; but this was transitory, and the gangrene spread slowly upwards. On the 14th, although the mortification was still spreading, yet the foot and leg were much less swelled—the tongue was clean—and the pulse was down to 90, with a good appetite. Mr Lawrence called Messrs Earle and Vincent to consult respecting the propriety of amputation. Mr L. and Mr Earle were for the operation—Mr Vincent against it, considering there was ossification of the arteries, and observing that, in three similar cases, amputation was unsuccessful. On the 18th, things were nearly in *statu quo*, but the mortification was still spreading. Mr Lawrence determined to amputate, and the operation was performed below the knee. There was much oozing of blood from the small vessels, and *two veins* were tied. The arteries were found somewhat diseased. Hæmorrhage came on, in the evening of the operation, and was restrained by cold. On the 20th the stump was opened, and no adhesion had taken place. There was an offensive sanious discharge. He lingered till the 3d Dec'r, when he died.

On *dissection*, the arteries were found, here and there, ossified—vena saphena interna thickened and resembling an artery. In this and in the femoral vein there was purulent matter, but no appearance of inflammation. In both hip-joints there was pus in the cavity of the capsule, and the reflected portion of synovial membrane was absorbed and the cartilage ulcerated. In the thorax there was some sero-purulent effusion.

In this case Mr Lawrence and Mr Earle acted on the principle recommended many years ago by Barron Larrey—that of not waiting for a line of demarcation between the dead and living parts. In two instances we adopted this practice, when the mortification was threatening to extend to the upper part of the thigh; but in both, we failed of success. We believe, with Mr Vincent, that the practice is inadmissible. If the constitution has not power to arrest the progress of the mortification, we do not think that the addition

of an operation will augment that power, or prevent the morbid process going forward afterwards in the stump. Baron Larrey, however, thinks differently, and has adduced cases of success.

Med. Chir. Review.

CASE OF VENEREAL LEPROSY,

Following Gonorrhœa and Superficial Ulceration.

James Birbeck, æt. twenty, was admitted into Lazarus' ward, at St Thomas's Hospital, February 1st, 1827. Had gonorrhœa eight months since, of which he soon recovered; after which, he had superficial ulcers on the glans, which healed in a few days without mercury—took merely six aperient pills.

About a month since, he first found his throat slightly sore, and at the same time had an eruption over the whole body, except the face; it came out at first, he states, "with an itching." Had never any eruption before.

February 1st. There is now superficial ulceration on the tonsils, the right being rather the worst—the eruption is in distinct red patches, somewhat elevated, and covered with scales—if these scales are rubbed off, they will form again in a few hours—on the scale being removed, the red base is rather tender, but no appearance of ulceration. He has also a slight excoriation on the glans penis—has been under medical treatment three weeks before his admission, taking sulphur, and anointing the eruption with sulph. ointment,—but without any benefit.

Ordered.—Pil. Plummer. gr. v. om. nocte—decoct. sarsæ, c. ʒ xij. in die—mist. aper. pro re natâ.

Under this plan the excoriations on the penis were removed in two days, and the superficial ulcers on the tonsils were healed in four or five. The scales also separated in about the same period, and they did not re-form, leaving the red patches, which, however, soon became level with the surrounding skin; by continuing the medicine, the eruption became gradually paler, and on the 5th of March it is scarcely visible. He is to continue the medicine a few days. Not the slightest effect has ever been produced on his gums.

BISCHE.

Observations on a disease known in the Island of Trinidad by the name of Bische, or Biecho. BY J. L. O'CONNOR, M. D.

THE first case which Dr O'Connor met with, of this strange and dire disease, was in the person of a young Indian (Mœlissa) girl, ten years of age. She had been three days ill. During the first two days, she had suffered from violent and constant irritation of the stomach, and dysentery. She was under medical treatment, when, "fortunately," an old experienced nurse was called in, and quickly recognised the nature of the disease, and prescribed the specific

remedy—strong lemonade for drink, and suppositories of limes, soot, and some other ingredients of no material efficacy. This treatment had been commenced four hours before our author saw the patient, and the symptoms were said to be much mitigated. Her then condition was as follows :—pulse scarcely perceptible—skin cold and clammy—vital powers apparently fast sinking—sphincter ani so relaxed, that a suppository, the size of an egg, was easily introduced. Our author had not the slightest hope of recovery ; but not so the nurse. He, therefore, patiently waited the result of the vegetable-acid treatment. To his astonishment the female recovered, though the convalescence was tedious. Our author then made inquiries respecting the nature of the disease ; but could gain little other information than that it was a flux, which invariably proved fatal, unless abundance of lemon juice was used, both by the mouth and per anum.

Dr O'Connor had no good opportunity of seeing the disease again till the year 1823. On the 24th July he was summoned to the relief of a negro, a robust man of good constitution, about 26 years of age. He had been two days ill, and entered the hospital of Belle Plaine Establishment that morning. Our author had seen him on the 22d, being then in good health, and was quite astonished to perceive the immense emaciation that had taken place in two days. The man was greatly depressed in spirits, and seemed confident that the disease would terminate fatally, as he had neglected the BISCHE, and nothing now could save him. His pulse was 136, and scarcely perceptible, skin cold, and covered with clammy perspiration, countenance dejected, alvine and urinary excretions passing away involuntarily and frequently, the former mixed with blood and mucus. On examination, the sphincter ani was found completely relaxed, and he could compare the anus to nothing else than the sunken eye of a dead animal in an advanced degree of putrefaction. The suppository of lime-juice had been freely used during the preceding twelve hours, without any effect, and the disease was rapidly advancing, the poor man suffering excruciating pain. Our author ordered him half a grain of opium and seven of calomel every four hours, with injections of arrow-root and laudanum, after which, lime-juice suppositories were to be introduced. Brandy-punch for common drink. 25th. Passed a restless night—suffers excruciating pain in the rectum. Has taken 35 grains of calomel and three of opium, besides half an ounce of laudanum in glyster. He refused to take any more medicine, and requested to have a Spanish nurse, in which he was indulged. She gave him lime-juice and some other unimportant things. 26th. The anus has sloughed, and the sphincter is partly destroyed. The nurse has passed more than a pint of lime-juice up the rectum, with as much

facility as into a funnel. 27th. Is sinking rapidly, and prays for death. From the scrotum to the os coccygis there is only one foul sore, like the face of an ill conditioned stump after amputation! One could see several inches up into the cavity of the abdomen. Opium gave no relief, and the wretched sufferer was always exclaiming—"I am eaten up by the BISCHE; and he is so hungry, that he never stops, day or night; and when he stops, he and I die together." He died that night, and the body was examined 26 hours after death. The putrefaction, however, had made such advances that nothing satisfactory could be gleaned from the dissection. There were no worms in the intestines.

The disease is attributed by the natives to an insect which lays its eggs in the rugæ of the rectum when the person evacuates his fæces, and protrudes any part of the mucous membrane, in a woody or jungly spot. Our author has never seen any proof of the existence of this insect, and is more inclined to consider the malady as a species of dysentery commencing in the rectum, and confined to the lower portion of intestine. When taken early, its progress is easily checked, in the same way as gonorrhœa or ophthalmia; but if the disease be once communicated to the cellular structure surrounding the gut, the destructive progress goes on to a fatal termination. It appears principally among the African and Indian races. Our author met with one instance, however, in the person of an English half-pay officer. It was quickly subdued by the application of lime-juice.

In our author's practice in Trinidad, he made a free use of lime-juice, whenever the evacuations were bloody and mucous, and with decided benefit. This practice is adopted by the most experienced practitioners of the colony abovementioned.

Dr Ferguson, of Windsor, through whom we received the above curious document, has appended many ingenious and practical remarks, which our limits prevent us from giving at length. He looks upon the disease as a form of malignant dysentery, and asserts that he has seen many instances where the rectum was similarly affected among our soldiers in Flanders, during the campaigns of 1794, and subsequently in various parts of the world. Dr F. speaks highly of the utility of lime-juice and ripe fruits in dysentery, and mentions that the late Dr Cabell was so much struck with the efficacy of this class of remedies in Spain, that when severely attacked with dysentery afterwards in Portugal, he rejected all medicine, and trusted his own cure to the abundant use of lemons and oranges. He recovered, and afterwards pursued the same treatment in the hospitals of the British army. We shall conclude this article with the following extract from Dr Ferguson's comments on the paper of Dr O'Connor.

One word respecting the general treatment, and I have done : which is, that, of all the plans offered for the cure of dysentery, the mercurial is unquestionably the best ; not only because through its alterative accumulative powers, it supersedes almost every inflammation that is not too rapid in its course to be overtaken by any but the speediest remedies ; (witness the hepatic, the syphilitic, the rheumatic, the iritic, and other inflammations ;) but because all the common forms of mercury can be made to coalesce most advantageously with the anodyne, the sudorific, and the depletory auxiliaries ; or even with the citric acid through the aid of opium, and still better if the skin be chosen for the medium of its introduction.—*Med. Chirur. Review.*

REMOVAL OF A TESTICLE,

Followed by Death without any apparent sufficient Cause.

THE fatal accidents which succeed wounds and operations, not in themselves very formidable, have recently attracted much attention, and ought to be accurately investigated, *post mortem*, as this investigation must be attended with great advantages. The post-mortem research, in the following case, is imperfect, as we shall presently shew.

A man was received, under Mr Lawrence, with an enlarged testis, of several years' standing. Various means of reduction were employed, but in vain ; and, the man being otherwise in apparent good health, the testicle was removed. It was found to be of scirrhus construction. After the operation, the patient experienced symptoms resembling enteritis, and died at the end of seven days, "without any apparent urgent cause."

Dissection. The wound had suppurated freely, but no adhesion had taken place. The viscera of the abdomen appeared healthy, at first view, but a portion of intestine in the pelvis was found highly vascular and red for the space of six inches, and its internal surface ulcerated. A tumor, not very dissimilar in structure to that of the diseased testis, was discovered attached to the kidney.—*Lancet.*

The state of the lungs and liver is not specified, and no mention is made of the brain. The mere redness of the intestine, for so small a space, and the ulceration of its mucous membrane, do not afford physiological explanation of the patient's death, and we are convinced that a further and more minute investigation would have disclosed lesions in the cerebral, pulmonary, or biliary apparatus. We cannot, therefore, too often or too strongly urge our brethren to examine all the great cavities of the body, when they are seeking for the cause of death, else they will frequently deceive themselves and others.

SKETCHES AND ABRIDGMENTS

OF

INTERESTING PAPERS.

PUNCTURE OF THE PERICARDIUM.

Performed by MR JOWETT, of Nottingham, Eng.

IN a letter to the Editor of the Medico-Chirurgical Review, Mr Jowett, after stating several cases of Hydrops Pericardii, with his reasons for supposing that tapping might be performed with safety and advantage, gives the following account of an operation which has already excited great interest and much speculation.

On Jan. 12th, 1827, I first visited John Skinner's daughter, aged 14 years, who was then laboring under a severe attack of acute rheumatism for the fifth time.

The general symptoms induced me to suspect that there was pericarditis likewise, and on examination with the stethoscope, the *rustling* noise was audible about the nipple—there was a dull sound on percussion in a large præcordial space—the heart's action was indistinct, and apparently distant. On the 15th, I gave my diagnosis, "*Pericarditis with considerable effusion.*"

Under the use of general and local bleedings, blisters, antimonial and mercurial medicines, and active purgatives, much relief was obtained; but she was troubled with a violent cough, occasioned by severe acute inflammation of the bronchia, which greatly aggravated her sufferings. On the 25th, both the legs were observed to swell much when she was got out of bed, and the ankles became œdematous. On the 27th, she began to take tartarized antimony in doses of three fourths of a grain every third hour, which she continued until she had taken eighteen grains, without any vomiting being excited. It produced a decided beneficial effect upon the bronchial inflammation. On Feb. 1st, she was "much better—slept several hours in the night, and feels much refreshed—breathing greatly relieved, and the cough is now quite easy compared with what it was. The heart's action is strong, forcible, rapid and extensive, and seems rather mixed with some roughness of sound. Dry bronchial rattles in both lungs anteriorly—vomited this morning after taking tea," (for the first time.)

From that time, for a week or more, there was a manifest improvement in every respect except the œdema of the lower extremities. Feb. 12th, I reported "very ill last night—says 'she seemed as if something was *straight* on her stomach and tied up her inside, and prevented her getting breath, and lying down in bed ;' she feels better when she sits up—the ankles and legs are worse swelled. *Effusion must have increased in the pericardium.*" Next day, (Feb. 13,) the breathing was quite as bad—"dead sound (on percussion,) in a very enlarged præcordial space"—there was likewise a distinct *rushing noise* at the bottom of the left side of the præcordial region, which induced me to add to my former diagnosis, "*deposition of lymph on the mitral valve?*"—proposed tapping the pericardium if she became worse.

The following day she was so much worse in all respects, that it was evident she could not long survive, unless some relief were given. The face, as well as the extremities, had become œdematous—respiration was impossible in any other posture except the erect, and there was much accumulation of mucus in the trachea. The operation having been consented to, I performed it in the following manner, the same afternoon, in the presence of Dr Manson, the consulting physician, Mr Robert Jowett, my brother and pupil, and the patient's friends. Having made a small incision with a lancet through the integuments, between the 5th and 6th cartilages, exactly half way between the sternal extremity of the 6th rib, and the middle of the ensiform cartilage, I thrust a trocar, which had its canula guarded, so that it could not penetrate further than one inch, directly through the thoracic parietes ; as I withdrew the trocar, two or three drops of serum escaped, and before I could adapt the pipe of the syringe apparatus to the canula, a little air was sucked through it, during the act of inspiration. On attempting to work the syringe, no fluid was abstracted ; imagining, therefore, that I had not punctured the bag, I again introduced the trocar, but with no better success. Certain of the correctness of my diagnosis, I then determined with Dr Manson's concurrence to make another attempt higher up, where there could be no possibility of missing the pericardium, and I accordingly repeated the same process between the 4th and 5th cartilages, as near the sternum as there was space enough for the instrument to pass. Here the trocar seemed to push something before it which it did not appear to penetrate, and although, here likewise, I twice introduced the instrument, still no fluid could be sucked out by the syringe.

I left the patient under the impression that I had failed in the operation—and my prognosis was "*death in the course of the night.*" Late in the evening, I found her quite as bad, *but no worse* than before. On the following morning there was an evident amend-

ment—the breathing was less laborious—she coughed more strongly—pulse 126, fullish—the right leg was less swelled, and she had made *two quarts* of urine in the preceding sixteen hours. In the course of that day she made 5 or 6 pints more water—the œdema of the lower extremities decreased rapidly, and the improvement was rapidly progressive in every respect except the cough.

I now perceived, from weighing all these circumstances, that the operation had really been performed, so far as regarded the penetration of the pericardium by the trocar, but in consequence of the canula having been introduced but a little way, it either had never entered the bag, or else had entered so short a distance as to slip out again immediately on the withdrawal of the trocar. Acting on this view, I renewed every exertion, and the improvement from that time, for eight succeeding days, was such as to warrant great expectations of ultimate success. Weakness was the most threatening circumstance, and that was attempted to be obviated by tonics, wine, and mild nutritious food.

On the 20th February, the sound on percussion was dull, only in a moderate sized præcordial space, and the heart (examined by the stethoscope) had returned to its natural situation. Feb. 22, she felt better—"not so low nor so faint—rested well in the night—appetite improving—tongue clean—pulse quick—ankles a little swelled." She partook more freely of food. The next day, (Feb. 23,) being the tenth from the performance of the operation, my report ran thus "has had much pain and soreness under the right ribs since last night, and has, twice, this morning vomited green slimy fluid—bowels rather costive. *Hepatitis?*" She sunk exhausted in the course of the afternoon.

At my earnest request, seconded by that of Dr Manson, whose kindness on this and other occasions, calls for my warmest acknowledgments, the friends permitted an examination of the body to be made, at which Mr T. R. Tatham also assisted. The exact situations of the punctures were found to be as before described. The *diaphragm* was drawn very high up into the thorax, so that if a pointed instrument had then been introduced perpendicularly at the place of the lowest operation, it would have been punctured. The *pericardium* adhered externally to the anterior part of the left thoracic parietes, through the medium of a layer of firmish recent lymph; and internally it was found every where adherent to the surface of the heart and large vessels, by means of a similar layer of lymph, which varied much in quantity in different places, being in some parts from one-eighth to one-fourth of an inch thick. The adhesion was moderately firm, and the lymph of a reddish color. As the cavity of the pericardium was destroyed by this state of things, there was of course no fluid remaining in it. The pericar-

dium proved to have been perforated at both the points of operation, and there were two holes at each place, so that every time the trocar was introduced, it had penetrated the bag. On the surface of the right ventricle, opposite the upper or last made puncture, there were two dark spots, which, on examination, proved to be drops of coagulated blood enveloped in the layers of lymph, and which had doubtless come from the wounds of the pericardium, as the surface of the heart was untouched. Both the ventricles and auricles were of the natural size. The muscular structure of the heart was rather flabby, and paler than natural. The edge of the mitral valve, on its auricular surface, was beset with a small ridge of semi-cartilaginous lymph, evidently of recent deposition, although firm and hard.

To this long account I may add, that I have since tried the experiment of puncturing the free portion of the pericardium on the dead body, and I have found, that the point of the trocar readily penetrates the sac; but as soon as the edge of the canula (which of course is always rather larger than the instrument it contains,) comes in contact with it, it pushes the pericardium before it, and does not enter it, unless it be introduced to a considerable depth. This explains the supposed failure of the operation in the first instance.

I conclude by observing, that the following propositions appear to me fair practical deductions from the case:—

1st, That the operation of tapping the pericardium may be performed without injuring the heart, or endangering the life of the patient.

2nd, That the operation affords a probable chance of saving life, when all other means have failed.

3rd, That it is proper and justifiable under urgent circumstances.

Believe me, Dear Sir,

Your most obliged servant,

THOMAS JOWETT.

The above history will enable our readers to judge whether the pericardium was in reality punctured by Mr J. and, if so, with what degree of success. We have before us a letter from J. Stearns Hurd, M. D. of Charlestown, Massachusetts, to one of the Editors of this Journal, from which it appears that the same hazardous operation has been performed by him at the Almshouse in that town. His method of doing it was somewhat different from that of Mr Jowett, and in our opinion much the better of the two. The following extract will not be uninteresting.

“The subject of this operation,” says Dr Hurd, “Eliza Burbank, aged 24, had labored under Hydrothorax for 3 years; for which I had performed the operation of Paracentesis Thoracis, several times, with, however, but partial relief. In the summer of

1824, the symptoms of *Hydrops Pericardii*, being evident, not only to myself, but also to many medical gentlemen who examined her case, and all other means of relief being exhausted, we decided on puncturing the pericardium. This operation was performed in presence of the above mentioned gentlemen, and in the following manner. An incision was made through the integuments and *pleura costalis*, between the 6th and 7th ribs, commencing at a point opposite the apex of the heart, and continued posteriorly far enough to admit three fingers. I then introduced my fingers into the cavity of the thorax, from which no fluid escaped, (she having recently recovered from an operation of *Paracentesis* on the same side,) and discovering the pericardium greatly distended with fluid, I introduced a bistoury, whose cutting edge extended but a short distance from the point, using my middle finger as a director. Having reached the pericardium, with a sudden plunge I introduced the point of the instrument into the sac; then, carrying the incision about half an inch, the serum flowed freely over the hand. A general spasmodic action followed, which could, in my opinion, only arise from a collapse of the pericardium. I then withdrew my hand and allowed the fluid to be poured into the chest, which was discharged after the patient was laid in bed inclined to the left side. The spasm continued for the space, I should judge, of 30 seconds; the pulse, during this time, became very irregular, and, in fact, scarcely perceptible to the touch; but soon after, it became regular, soft, and expanded—the respiration more free, and the pulsation of the heart evident through the external parts. This had not been the case for two months previous to the operation. Three weeks after this period, she had sufficiently recovered to leave her room, and was discharged the Hospital.”

Int his case, as well as in Mr Jowett's, we understand the patient eventually fell a victim to her disease.

WOUND RECEIVED IN DISSECTION.

In a recent number of the *London Medical and Physical Journal*, is related an interesting case of this description. It occurred in a medical practitioner of London, who grazed slightly the middle finger of the left hand, while sewing up the body of a person who died of peritonitis. When he awoke the next morning a small pustule had made its appearance on the place of the injury, which was very painful. The fingers of the left hand felt stiff, with an acute smarting sensation, similar to that produced by a burn; the pain extended over the back of the hand, and up the arm to the axilla, and was particularly severe above the inside of the elbow, where the gland was swollen and painful to the touch. On getting up, the

limbs felt stiff and sore ; the muscles on the back of the neck were particularly so, and an uneasiness extended along the left side to the foot and ankle.

At half past nine, finding himself nervous and depressed, he took a cup of coffee with two table spoonfuls of brandy. Immediately after this, he went to visit a patient ; but the pain rapidly increased, and extended itself over the pectoral muscle, and under the axilla. Some hysteric affection was likewise experienced ; so that while walking, he was seized with a fit of laughter, over which he had no control ; and a few moments afterward, could scarcely restrain himself from crying. A little after ten he returned home. An oppression in breathing was now felt, with a sense of constriction of the throat, producing a difficulty in deglutition. The sense of coldness increasing, he now swallowed an additional quantity of brandy ; which he repeated at intervals till a quarter past twelve, at which time he had taken about three quarters of a pint. He was then seen by a medical gentleman, who advised his discontinuing the brandy, but prescribed four grains of calomel, and seven leeches to the wrist, which was now much inflamed. Mr Shaw, a distinguished surgeon attached to the Middlesex Hospital, who had been sent for, soon afterwards arrived, and the remainder of the account we shall give nearly in his words.

Having been engaged, in another part of the town, in examining the body of a patient who had died of peritonitis (which, when I saw this gentleman, gave me some occasion of alarm,) I did not reach South-street until a quarter past one. I found the patient reclining on two chairs, with his arm resting on a table ; the wrist and hand were of a livid red ; a similar patch was on the inside of the arm, above the elbow ; the finger was a little swollen, but the wound was scarcely perceptible. His countenance was very extraordinary, his expression being that of a mixture of hysterical alarm and intoxication. From his general appearance I thought he was delirious ; but when my name was mentioned, he said " I am glad to see you Mr Shaw," (I had never seen him before,) " but I am a dead man ; I feel that nothing can save me. They have put leeches to my hand, but all is useless. I was poisoned in opening a body." He then burst into a hysterical laugh. When told of the quantity of brandy he had taken, I supposed that the peculiarity of his appearance was produced by it ; but from the account of those who saw him at an earlier period, this seems not to have been the case.

With much difficulty I got him up stairs to bed : on lying down, he said, " I shall never rise from this bed." I immediately gave him a bolus of eight grains of calomel and six of colocynth, with two grains of opium, and wrapped his arm, from the fingers to the shoulder, in a towel steeped in a lotion made of four ounces of

tincture of opium, two drachms of the liquor acetatis plumbi, and sixteen ounces of water. I remained with him a short time, and finding him more composed, I ordered that laudanum should be freely poured over the cloth, so as to keep it quite wet; and that an infusion of an ounce of powdered opium in a pint of boiling water, should be immediately prepared. I returned in about an hour: learning that he was more composed, I did not go up to him, but desired that a linseed poultice should be made with the infusion of opium and applied to his hand and wrist; and the lotion of laudanum and lead to be constantly applied until I visited him again.

In the evening I requested my friend Mr GRIFFITHS, of Bentinck-street, (who, while house Surgeon of St George's Hospital, had an attack somewhat similar,) to accompany me. We found our patient quite composed, but dejected and low. His hand and arm were not so much inflamed as in the middle of the day. We ordered ten grains of the Dover's powders, with four of calomel, to be taken immediately; and after it a draught of an ounce of camphor mixture, eight grains of carb. of ammonia, fifteen drops of laudanum, and half an ounce of mucilage. This was to be repeated every four hours if awake. The lotion and poultice to be continued. He was to take a little gruel.

On calling about ten in the morning, we were not a little surprised to find that he had gone to the neighborhood of Burton Crescent, to attend a patient in labor. We were told that he had only retained about two and a half of the draughts, having vomited up the rest. I returned at three, expecting to find him again in bed, but I found him in his parlor, and he appeared to be so well that I recommended him only to continue the lotion and poultice, and to take some strong beef tea.

Mr Shaw relates some further particulars, which our limits oblige us to omit. The patient became slightly salivated the next day, and the case went on well. No abscess formed.

After stating that injuries of this description are too often treated on the reducent plan, Mr Shaw draws the following inferences in regard to the above case—that the symptoms resembled those following the bite of a venomous animal, more than those consequent on thecal inflammation, and that they proceeded from a cause independent of mere local inflammation;—that immediately on the commencement of such symptoms, stimuli are not injurious;—that it is not necessary to bleed in such cases, either locally or generally;—that the combination of calomel, opium, and stimuli, even of the most powerful kind, seems to be useful;—and that the lotion of lead and opium is a powerful auxiliary to the general plan of treatment.

EXAMINATION, POST MORTEM, OF TALMA.

GREAT contrariety of opinion existed among the medical attendants of Talma, respecting the nature of the disease which terminated this great actor's life. The partisans of Broussais maintained that he was affected with chronic "gastro-enterite"—while the others considered the enlargement of the abdomen, the nausea and vomiting, the great tenderness as well as tension of the parts, the obstinate constipation, &c, as more probably dependent on an organic obstruction to the free course of fæcal matters, and therefore predicted a fatal termination of the disease. Dissection proved the justice of this last opinion. There were present at the dissection (which was performed by M. Breschet) Messrs Biett, Dupuytren, Fouquier, Broussais, and several others. Six inches from the termination of the rectum, there was found a stricture, and, in fact, a complete obliteration of the intestine. Above this stricture the rectum and colon were prodigiously distended, and in some places sphacelated and perforated, so as to give exit to stercoraceous matters into the cavity of the pelvis. The whole line of the intestinal canal was greatly distended with gas and fæcal matters. Traces of inflammation were found, of course, in various parts of the intestines, and were evidently the consequences of the retention of fæces. The stricture in the rectum was probably of long standing; for Talma had experienced, for years past, a difficulty in evacuating the bowels. He would frequently go in great haste to the water-closet, thinking there was a copious motion to come away, and yet, when the attempt was made, nothing but air, or a small quantity of liquid fæces would escape.

There was another morbid appearance on dissection, which is worthy of notice. At the apex of the heart there was a small aneurismal tumor or pouch, filled with concentric layers of fibrin, situated in the left ventricle, the parietes of which had grown remarkably thin at that part. It was about the size of a pigeon's egg. No symptom during life led to the suspicion of such a disease going on in the heart. But it was remembered that, one evening, after having enacted the part of Orestes in the play of *Andromache*, Talma felt himself strangely agitated, restless, and anxious for some time, which symptoms gradually subsided. But it is supposed that the internal membrane of the ventricle then gave way, and that the expedient of nature to fortify the part, by the deposition of coagulable lymph, was only a temporary or palliative cure.

Before closing this short article, we may be permitted to express our surprise that the nature of Talma's disease was not more early discovered. A stricture within six inches of the anus was surely no very difficult matter to ascertain; and from the post-mortem

examination there is every reason to believe that a timely use of the bougie would have prevented the obliteration of the canal, and consequently the death of the patient from that cause. Had the stricture of the rectum been discovered in time, and its closure prevented, it is highly probable that Talma, like Moliere and Palmer, would have expired on the *theatre* of his own renown. This would have been a much easier death than that to which he was doomed by the terrible malady in question, and much more in consonance with the life of this great tragedian.—*Med. Chirur. Review*.

CATARRHO-RHEUMATIC OPHTHALMIA.

Its diagnostic symptoms and its treatment.

DR MACLEOLD's last number contains some admirable practical remarks on Catarrho-Rheumatic Ophthalmia, with cases, by William Mackenzie, Professor of Anatomy and Surgery, and one of the Surgeons of the GLASGOW EYE INFIRMARY. As in former papers Mr Mackenzie has stated, that, by Rheumatic Ophthalmia, he means, simply, primary inflammation of a fibrous tissue of the eye (the sclerotica), and of the surrounding parts of similar structure, excited by atmospheric changes, and by catarrhal ophthalmia, a similar affection of the conjunctiva, so, by a combination of these two terms, he intends to designate the cases in which both these structures are inflamed at once. These three ophthalmiæ are "easily subdued," says he, "if accurately distinguished and discriminately treated; but, if confounded, are very apt to leave the eye permanently injured, or even deprived of sight."

In order to enable his readers to found their treatment on a true knowledge of the disease, Mr M. gives a detail of symptoms, among which, the most characteristic is the different kind of pain experienced in the three disorders alluded to. When the conjunctiva alone is diseased, the pain is compared, by the patient, to the feeling of sand between the eyeball and lid; and is greatest in the morning, and when the organ is moved. In simple scleratitis, there is a more deepseated and racking circumorbital pain, and its accessions are chiefly in the evening. In catarrhal ophthalmia there is an increased discharge of semipurulent mucus and meibomian fluid. The rheumatic affection is not accompanied by any morbid secretion. In the former, the redness is reticular and moves with the membrane; in the latter, it is zonular, and seated under the conjunctiva. But in the catarrho-rheumatic disease all these symptoms, except such as are negative, occur together.

Considerable intolerance of light exists in this disease in all its stages; especially in cases attended by ulcer of the cornea and

onyx*—two symptoms which are more frequent in catarrho-rheumatic, than in any other species of ophthalmia to which adults are subject; and which, if not checked by the immediate application of judicious remedies, lead rapidly on to partial or total staphyloma.

As to the *causes* of this disease, it has been attributed to exposure of the organ to an impure, and to a cold atmosphere. But as this part of the subject is not at all obscure, we pass it over, in order to give entire, Mr Mackenzie's account of its

Treatment.

The successful treatment of this disease does not depend so much on any new remedies, as on a proper selection of some of the means formerly recommended, either for the catarrhal or for the rheumatic ophthalmia.

1. Venesection. This appears to be as necessary in the catarrho-rheumatic as in the pure rheumatic cases; and is attended by as remarkable relief to all the symptoms, especially to the circumorbital pain. According to the severity of the case, and the age and constitution of the patient, from ten to thirty ounces of blood may be taken from the arm; and the same quantity on the day following, if the symptoms are not greatly relieved.

2. Leeches to the temple are also highly useful, particularly when applied soon after venesection.

3. Scarification of the conjunctiva of the eyelids proves useful in cases of chemosis.

4. Calomel and Opium. The same good effects are derived from this combination in this ophthalmia, as in the pure rheumatic. The dose, and the length to which the calomel should be pushed, are the same.

5. Opiate Frictions on the forehead and temple, about an hour before the expected attack of circumorbital pain.

6. Belladonna, so as to keep the pupil dilated.

7. Blisters behind the ear, or to the nape of the neck.

8. Purgatives; such as a brisk dose of calomel and jalap at the beginning, and a gentle laxative every morning during the course of the disease.

9. Sudorifics; such as Spiritus Mindereri, diluent drinks, the warm pediluvium, and a flannel under-dress.

10. Tonics; such as Cinchona and the Mineral Acids, in the chronic stage of the disease. Under these heads, I have nothing to add to what every one's judgment will suggest.

11. Solution of Nitrate of Silver. As in the catarrhal, so in

* An effusion of pus between the lamellæ of the cornea.

the catarrho-rheumatic ophthalmia, the solution of from two to four grains of nitrate of silver in one ounce of distilled water, dropped upon the conjunctiva once a day, relieves the feeling of sand, and speedily removes the other symptoms of conjunctivitis. This application, however, has no effect on the sclerotic part of the disease; and I should conceive it a very dangerous mistake to trust to this remedy almost alone, as we may safely do in pure catarrhal ophthalmia, and to neglect the appropriate means for reducing the attendant inflammation of the sclerotica.

12. *Vinum Opii*. Before the catarrhal part of this disease is subdued by the solution of nitrate of silver, this remedy rather aggravates the symptoms. After the conjunctivitis and the acute scleritis have yielded, it operates favorably, as in the chronic stage of the pure rheumatic ophthalmia; affording thus a good illustration of the remark of BOERHAAVE—"Nullum ego cognosco remedium nisi quod tempestivo usu fiat tale."

13. *Collyrium Muriatis Hydrargyri*, one grain to eight ounces, to be used milk-warm three or four times a day.

14. *Unguentum Præcipitati Rubri*, smeared along the edges of the eyelids at bedtime. These I employ as part of the treatment suitable for the conjunctival part of the disease.

15. With respect to the treatment of onyx, I would recommend the lancet not to be used for evacuating the purulent fluid effused between the lamellæ of the cornea. In every case in which I have evacuated the matter with the lancet, partial or total staphyloma has been the result. In a case recently treated, I left the matter to itself, and certainly no case could be more alarming in its progress, nor more unexpectedly happy in its results. I attributed the success which attended this case, in a great measure, to the sorbefacient influence of the calomel over the effusion into the pupil,—to the continued use of belladonna,—and to the gradual preparation of the cornea by nature for its giving way, and for its healing up; a preparation which would probably have been entirely defeated, had I ventured, as I had done in a number of previous cases, to open the onyx with the lancet.

INFLAMMATION OF THE TONGUE.

A case of this disease, related by Dr Graves, in the Dublin Hospital Reports, affords a happy illustration of the influence of the cellular tissue in limiting and extending the progress of a morbid process. It was observed by Bordeu, and the observation was afterwards verified and illustrated by Portal and Bichat, that the cellular tissue along the median line of the animal body is so densely and firmly interwoven, that it presents in many instances an insur-

mountable barrier to the inflammatory action already existing in one part of the tissue. "From this adhesion," says Bichat, "results a sort of detachment of the two great halves of the subcutaneous cellular tissue; a detachment which I have occasionally rendered very conspicuous in my experiments on emphysema. Air impelled with moderate force under the integuments of one side of the body, spread successively, and stopped in several subjects on the median line, so that while one side was natural, the other was affected with emphysematous swelling, and a considerable effort was requisite to overcome the resistance and render the emphysema general." Dr Graves's case is a good illustration of the manner in which the inflammatory action may be thus limited in the tongue. Each half of this organ is completely separated from the other by a pretty firm wall of cellular membrane, passing longitudinally through it; and when the inflammation affects one side, it may by this means be completely prevented from extending to the other. In the present instance, while the left half of the tongue was tender, painful, and at length enormously swelled, the right half remained perfectly natural, and presented a very striking contrast to the inflamed division. The appropriate remedy is local bleeding. Two or three applications of six leeches to the inflamed half were followed by a speedy abatement of pain and swelling; and speech and deglutition, which, during the attack, were performed with great difficulty, were quickly restored. Two years after, however, the left half of the organ still continued larger than the right.

INTERMITTENT FEVER.

Cases of Intermittent Fever in which bleeding was employed in the Cold Stage, with Pathological Observations. By JOHN MACKINTOSH, M. D., F. R. College of Surgeons, Acting Surgeon to the Ordnance in North Britain, Physician to the General Dispensary Brown's Square, and Lecturer on the Practice of Physic, &c, in Edinburgh.

THE progress of medicine has been greatly retarded by the conduct of those who have attempted to explain too much. Instead of seizing on the principal phenomena of a disease, and following these, they have employed all their talents in endeavoring to discover the occult causes. In intermittent fever they have exerted all their ingenuity in tracing the cause of the rigors, while they have thrown no light whatever upon the nature and seat of the disease.

It is not the exact object of this paper to attempt any refutation of the doctrine of Cullen, respecting "debility, diminished energy of the brain, and spasm of the extreme vessels," as the proximate cause of the cold stage; or that of Mason Good, who appears to

attribute it to "debility and a diminished supply of sensorial fluid." It appears to me that the crude mechanical notion of Hippocrates stands upon quite as good a foundation. He thought that a quantity of air got into the vessels of the surface of the body, and drove the blood before it to the centre, and thus produced the cold stage.

Before we shall be entitled to receive the doctrines either of Cullen or Good into the medical evidence of the case, we must be more intimately acquainted, not only with the anatomy and physiology of the brain and nervous system, and with the structure of the extreme capillary branches, but also with the great principle of life itself,—upon all which points we are as yet unfortunately profoundly ignorant.

I shall now proceed to give a sketch of the symptoms in the first stage of intermittents, as they generally appear, and then shortly offer my opinion, respecting the pathological condition of the body on which these symptoms depend.

For some little time before the paroxysm begins, the patient complains of lassitude and debility, (but which is not actual weakness, but oppression,) with diminished circulation on the surface of the body, more particularly in the extremities; they are benumbed and feel cold; the sense of cold becomes universal, and a shivering takes place. The body soon becomes affected with universal tremors. There is great prostration of strength, confusion of mind, sometimes delirium, anxious and quick breathing, the patient being unable to take in a deep inspiration, and oppression at the præcordia; and the pulse which is sometimes quick, at others slow, is often irregular, but always oppressed.

It is rare, avowedly, that complete coma, apoplexy, or convulsions take place; but that these do occur, the records of medicine fully prove; and I have seen more than one person die in the cold stage. The convulsive tremors are not under the control of the will, and if I can trust my own sensations, they affect internal as well as external muscles.

I attribute all these symptoms to congestion in internal organs. I imagine no one who has seen this disease will deny that there is sufficient evidence of the balance of the circulation being upset, and that an irregular determination of blood takes place. It appears to have quitted the surface, by the coldness and shrinking of the extremities. It is forced upon internal organs to a serious extent, impeding their functions.

Thus the convulsive tremors, confusion of mind, and pain in the head, are produced by congestion of the brain and spinal marrow.

The difficulty of breathing is owing principally to venous engorgement of the lungs, and the overloaded state of the right side of the heart. The spleen, liver, and mesenteric vessels, also suffer from

congestion, and frequent attacks lead to structural derangements of these viscera. These pathological conclusions are fully established, by comparing the symptoms with the morbid appearances found in the examination of the bodies of those who have expired in the cold stages, and are corroborated in a remarkable manner, by the good effects of opening a vein, when all the symptoms give way in an instant. I have seen men in the most severe sufferings, relieved after the abstraction of 6, 8, and 10 ounces of blood. I have known 3 ounces suffice, and on one or two occasions only I had to bleed to the extent of two pounds. The relief, which is the most perfect relief that can well be conceived, is so sudden, when a good orifice can be made, that it has surprised and delighted every one who has seen my practice. I shall never forget the pleasure which was expressed by my excellent friend Dr Kellie, who is well known to the professional world, when he first saw the practice carried into execution in my hospital. Before proceeding further, I may shortly mention the appearances which I have seen on opening the bodies of a few men who expired in the cold stage.

An immense quantity of black blood was found in the vessels of the head, the lungs, the heart, and large vessels near it, the liver, spleen, and mesentric vessels. The spleen, (according to Sir John Pringle, and some of the older writers,) has sometimes been found ruptured from over-distention. So great a quantity of blood have I seen in such cases in the lungs, that large sections of them sank in water. These portions, when washed and deprived of blood by pressure, regained their natural appearance and buoyancy. The liver, when washed and squeezed, will also regain its natural color.

This pathological condition of organs has been denominated "congestion." It simply implies, that the balance between the arterial and venous systems is lost for the time, the latter being overloaded or congested, and not that the circulation in any organ, or set of organs, is entirely obstructed. This indeed does happen in those extreme cases, in which reaction does not take place, and the individuals die in the cold stage.

From the time of Celsus, an idea has prevailed that death would be the inevitable consequence of bleeding in the cold stage. The late Dr Gregory used to make this assertion in his lectures, and, to give it more weight, he quoted the expression of Celsus, "*hominem jugulare.*" Other lecturers on the practice of physic make similar statements. It would be curious and interesting to know, whether they have ever seen this melancholy consequence of bleeding in the cold stage; or whether they have been led to *suppose* it would be produced, assuming, as Cullen did, that the paroxysm is produced by debility, want of energy of the brain, and spasm of the *mouths* of the extreme vessels.

After numerous observations, made with the utmost anxiety to discover truth, and from the sensations I experienced during a protracted intermittent in a marshy country, I submitted myself to the experiment, in the first instance, disregarding altogether the force of authority upon this subject. Bark and all the usual remedies had failed, and my health was materially injured. A vein was opened in the arm, and before 12 ounces were abstracted, the rigor ceased, and all its unpleasant accompaniments; there was no hot stage, no sweating stage; a pleasant sense of heat succeeded the painful one of cold, and instead of weakness, I was sensible of an acquisition of strength. Afterwards I bled many other individuals, and always with the same results. This was done so long ago as the year 1810; but as I cannot appeal, at this distant time, to living witnesses, I shall confine the statement I am now to make to the cases of intermittents which have occurred to me within these few years, and which have been seen by many witnesses who were well qualified to judge, from their experience and standing in the profession, and also by many of my pupils.

Dr Mackintosh here relates several cases in which this novel, but very rational practice was adopted, with the most signal and immediate relief; and others in which one or two paroxysms were experienced after venesection; these, however, were slight, and yielded to a repetition of the bleeding. We have room for two only of his cases, and these we have selected—the one as being strikingly illustrative of the benefit of Dr M's mode of treatment, and the other as being the most likely to be useful to our readers.

Case I.—James Ward—admitted into Royal Ordnance Hospital in November 1823.

Has suffered several attacks of intermittent annually, since the year 1809, when he served in the expedition to Walcheren. Of late his indispositions were long, and left him more and more debilitated. Several of my pupils watched this man closely every third day, for a number of attacks, with a view to bleed him in the cold stage, but they were not fortunate enough to arrive in time; they bled him twice, however, in the hot fit, from the severity of the symptoms, and with considerable temporary relief, but without preventing or mitigating the violence of the subsequent paroxysms. Some time afterwards, in the presence of Dr's Lucas and Robinson, two of my pupils, I bled him from a vein in the arm, during the cold stage; it was very severe; the rigors were violent, and the sense of coldness insupportable. He complained much of his head and loins, his face was of a livid color, and the vessels of the conjunctiva turgid with blood. Pulse 100 or 105, and oppressed; breathing short and anxious, and, to use his own expression, he felt "a heavy load about his heart." When the vein was opened, the blood trickled slowly from the wound, but it soon came in a jet. By

the time 8 ounces were taken, the rigors ceased, and he expressed great surprise at the suddenness of the relief; when 12 ounces were abstracted, he was free from all complaint, and his skin had a comfortable moist feel. He enjoyed a good night; he had no return of the intermittent; and his recovery was rapid.

I had an opportunity of seeing this man daily for some months afterwards, and his constant tale was, that he had not felt so well, or so much of a man since he went to Walcheren. The only remedies he took after the bleeding, were laxatives and infusion of quassia.

Case VIII.—A. B. aged 36, a native of Eyemouth, was seized with an intermittent of the quartan type when in Lincolnshire in August last. He had used various remedies, and among the rest bark, without relief. The paroxysms have continued with such regularity, that he has not escaped a single attack since the commencement of the disease. His health and strength have suffered so much, that he has been unable to work for a considerable time, and he came to Edinburgh, almost in despair, to seek relief. Having applied to my friend Dr J. A. Robertson, this patient was handed over to me. His look is meagre and emaciated; he appears the wreck of a strong and active man. He gave the above account of himself, and added, that he has great thirst and no appetite, that he sleeps badly, and is never free from pain in the back part of the head and left hypochondrium, and that he has become as weak as a child; and that his vision has lately become impaired. Pulse 100, and weak; tongue clean; bowels regular.

On Thursday, 28th December 1826, at 2 P. M. the rigor commenced; when it had continued for half an hour, I opened a vein in the arm, having placed him in the sitting posture; his whole body was affected by violent tremors; his teeth chattered; he complained of intense cold, dimness of sight, severe pain in the back part of the head, and in the left side, loins, and inferior extremities; his pulse was weak and fluttering, so as not to be counted, and the countenance expressed great suffering. Owing to the violence of the tremors, a bad orifice was made in the vein, and the blood flowed slowly. When about twelve ounces were abstracted, the rigors diminished, the uneasy feelings began to subside; and by the time 16 ounces were taken, he was free from tremor and pain, and said he felt quite well. The pulse was now a good pulse, but I neglected to make a memorandum of its number at the time. He showed some tendency to syncope before his arm was tied up.

My friends Dr's Robertson and Scott, and Mr Syme, together with several other gentlemen, were present when the operation was performed. He was visited in an hour, when he was found breathing naturally, in a sweet sleep. Pulse 84, and of good strength. I was told he had been very faint, and had vomited immediately after we left the room.

In an hour after my last visit I saw him again; his body had the natural heat; there was no perspiration; he was still asleep; pulse

80, and full. He was roused after the pulse was numbered, for the purpose of ascertaining the exact nature of his feelings. He said he had not felt so free from indisposition since the first period of the attack, and that he had been long a stranger to such a comfortable refreshing sleep; he took some gruel, soon fell asleep again, and passed an excellent night.

Friday 29th.—Said he felt quite well; was free from the pain of head and left hypochondrium, and thought his strength improved; in fact he came to the dispensary himself; bowels regular, tongue clean.

Saturday 30th.—He came to the dispensary at the visiting hour, and said that he felt himself "a new man."

Sunday 31st.—He came to the dispensary again, and was seized with the paroxysm a little after the hour of visit. The fit was preceded and accompanied by much slighter pains and general disturbance than any former attack. In about ten minutes after the fit could be said to be well formed, the rigors were very severe, the tremors violent, and the feeling of debility was so overpowering that he declared he could sit up on a chair no longer; his breathing was quick and laborious, and his teeth chattered; I tied up his arm and opened a vein, and actually before *three ounces* were abstracted, the paroxysm ceased, and with it all the other unpleasant symptoms. Although a minute before he had declared that he could not sit up a moment longer from debility, yet he now said he felt his strength restored, and he had no wish to lie down, and in less than ten minutes, I had the pleasure of seeing him running home. There was no subsequent heat of skin, and no sweating; his pulse, before he left the dispensary, was 86, and of good strength, whereas, before the bleeding, it was 100, and so weak as scarcely to be counted.

Monday, 1st January.—I sent to inquire how my patient felt; the messenger was told that he had had a good night, and was out making merry with some friends.

On Wednesday he had a slight chill without subsequent fever or sweating; he afterwards got the sulphate of quinine, and had no more of the disease.

From the facts already detailed, I think I may safely draw the following conclusions, which, if correct, will hereafter be found of great practical utility.

1. I need scarce say that bleeding in the cold stage will not necessarily produce death.

2. That this practice will sometimes cure the disease; at others it will prove beneficial by breaking the chain of diseased action, and rendering the subsequent paroxysms milder and milder.

3. That bleeding in the cold stage, in every case in which it has been yet tried, has cut short the cold fits, and has prevented the subsequent stages of the paroxysm, so that the hot and sweating

stages are saved. It seems to operate by anticipating the natural efforts of the constitution, removing the internal congestion, and restoring the lost balance of the circulating system.

4. That it promises to be most serviceable in severe autumnal intermittents; and more particularly in the pernicious and malignant fevers, as they are termed, of Italy, Holland, and other marshy countries, which are well known to be very fatal under the ordinary treatment. In these cases the reaction of the system cannot fully develop itself, in consequence of the extent to which internal congestion has taken place, and which this practice will remove.

5. That it may be used with safety in any climate where the cold stage continues long and threatens danger.

6. That bleeding in the cold stage is, at all events, more successful than in the hot stage, or than in the intervals. For although I have often seen bleeding used in such circumstances, and with advantage, by mitigating unpleasant symptoms, yet I have never known the subsequent paroxysm prevented by it.

7. The practice may be adopted in the first stage of all fevers; and probably will be found useful by surgeons in concussion of the brain.

8. If these cases possessed no practical merit whatever, they promise to be productive of great advantage to medical science, by destroying the very foundation of the erroneous system of Cullen. The doctrines upon which this system is founded have, to this day, bewildered old and young in the profession, who think and act only under the nod of authority. Cullen's system has been a great bar to all improvement in medicine; and is the principal cause of the backward state of pathology in this country, when compared with the strides made in that department by our professional brethren in France.

It was the intention of Dr M. to extend his observations upon this subject, particularly with a view to explain away the objections which will naturally suggest themselves to the minds of those who have been reared in Cullenian schools, and who still continue to be the staunch apostles of its doctrines. But as this paper had already extended itself beyond the limits originally intended, he postponed his remarks for a subsequent number of the *Edinburgh Journal*.

It is scarcely necessary for us to say, that the sequel of this paper will be transferred to our pages, either entire or in abstract, as soon as it shall arrive on this side the Atlantic. In the mean time, we shall be happy to learn the success Dr Mackintosh's method of treatment meets with in those parts of our country which afford opportunities for testing its value.

CAMPHOR FUMIGATION.

Its powerful effect in the Cure of Rheumatism.

The Editors of the Medical Review of Paris have given some cases of rheumatism to illustrate the benefit derived from camphor fumigation, which occurred in the practice of M. Dupasquier. He adopted this practice in consequence of having observed the success of M. Cheze, who employed it from some supposed analogy between rheumatism and lock-jaw. In acute cases, M. Dupasquier observes, fumigation was preceded by bleeding; but in the cases related by him, the fumigations were employed without this precaution and with *immediate* advantage.

When the patient's circumstances will not enable him to have a proper apparatus, "the camphor vapor may be easily used by seating him in a chair placed over a small furnace, the furnace being covered by a metallic plate. The patient is then enveloped in a large blanket, which is to be tied close round the neck, and allowed to hang to the ground. A small spoonful of camphor may be thrown on the metallic plate every five minutes; it soon becomes volatilized, so that the parts of the body with which it comes in contact will, in a short time, be covered with perspiration. This operation may be continued an hour, or three quarters of an hour, according to its relaxing effects, or as the high temperature may be agreeable. The patient is then to be wrapped up in the blanket, and put to bed, where the perspiration will continue an hour or two; during which time a considerable portion of camphor will be absorbed." Half an ounce of camphor M. Dupasquier found sufficient for one fumigation; "but," says he, "much more may be used without inconvenience, and I have known a patient employ four ounces by mistake without any bad consequences."

M. Dupasquier has employed the above method with signal, although not with invariable success; and he has generally found, that the more acute the disease was, the more readily it yielded to the remedy. Its use should be persevered in for a week after the pain ceases.

 PHLEBITIS.—CONSECUTIVE ŒDEMA.
Phlegmasia dolens, and Erysipelas Phlegmon.

WHEN we first saw the word PHLEBITIS at the head of an article in Dr Johnson's Review, it very naturally suggested to us a cutaneous disease which is very common in sandy situations, and generally found among the poor in town and country. Having, however, recently witnessed a severe case of phlegmasia dolens, our interest was soon excited by the Dr's remarks, in which he denies that this painful

disease consists in an inflammation and obstruction of the pelvic or crural veins, as formerly stated by Dr Davis. The swelling in the inflammation of the veins, or Phlebitis, he very justly observes is *oedematous*, whilst that of phlegmasia dolens is *elastic*. The latter disease is seldom fatal, whilst the former is most generally destructive to life ; and, what seems to place the subject in a still clearer point of view, he refers to the case published by Dr Denmark, of phlegmasia dolens in a *male*, which proved fatal at Haslar Hospital, and in which the vein was *not* inflamed or plugged up. Another case of this description, is recorded in the January number of the Ed. Journal. Several other similar instances are alluded to by Dr Johnson, and those brought forward by the advocates of the new doctrine to prove the identity of these diseases, are clearly shown to be perfectly explicable, without any such supposition. As far then as our present information goes, we must consider that Phlebitis and Phlegmasia dolens are distinct diseases.

Several cases of a disease somewhat resembling the above in appearance, and very properly denominated Erysipelas Phlegmonodes by Dr Bateman, have been recently published in the English and Continental Journals, and one of a like character is related in the last N. Eng. Journal of Med. and Surg. This disease is pathologically different from either of the others ; it is recognised by the "boggy" feeling of the limb, and its rapid progress to a fatal termination. Dr Underwood almost always found the complaint connected with diarrhœa. The French attribute it to cold. But its true causes are as yet unknown.

The most successful *treatment* yet adopted in this species of cellular inflammation, is that first introduced by Mr Copeland Hutchison, and recently followed by Mr Earle. It consists in free longitudinal incisions, before suppuration takes place, down to the fasciæ or muscles. Bleeding from the cutaneous vessels should be encouraged by warm fomentations. The limb should then be enveloped in a common poultice, and a large dose of calomel and opium administered. After some hours the patient should be purged with senna and salts.—We should hope much benefit in this disease from such an employment of *emetics*, as to produce increased action in the absorbent vessels.

In the volume for 1827, of the Dublin Hospital Reports, Dr Graves speaks of having noticed what he regards as simply a morbid growth of the limb, unattended by any signs of inflammation, either in this or in the subjacent textures, until it attained an enormous size, and became quite unshapely. In the case described by Dr Graves the knee and ankle joints notwithstanding, retained their flexibility ; the muscles performed their motions perfectly ; and the patient could walk and run, and until an extensive excoriation

took place on the back of the leg, was able to earn his bread by daily labor. This most probably was a species of the same disease.

ACUPUNCTURE.

THE April number of the *Edinburgh Journal*, concludes a long essay on the nature and effects of this remedy, collected from the works of Pelletan, Cloquet, Carraro, and others. As this latter part relates to its mode of operation, and to the success with which it has been employed, we shall present some extracts from it to our readers, without reference to the topics touched upon in the preceding number.

Regarding the mode of operation of acupuncture, the inquiries hitherto instituted leave the pathologist very much in the dark. In fact, the only step as yet made towards ascertaining the truth, is the discovery, that it does not bear any resemblance in its action to any other energetic remedy.

The Japanese, from whom, as formerly noticed, it was derived and introduced into Europe, entertain the notion, that all diseases spring from the presence and accumulation of certain airs in different parts of the body; a very convenient theory in regard to the operation of acupuncture, the needles being supposed to act simply by letting these airs out. When first made known in Europe, it appears to have been considered as an evacuant, if indeed it may be said to have received consideration at all, when it was not applied to practice. More lately, that is, when the French physicians began to employ it in the present century, several persons, and among others M. Dupuytren, viewed it as a simple irritant applied directly to parts deficient in tone; while others, also conceiving it to be an irritant, held nevertheless that it acted by derivation. To these latter doctrines, which are the only ones hitherto mentioned that need detain us for a moment, it is sufficient to object, that acupuncture very rarely or never irritates; that it hardly ever causes more than slight traces of inflammation, even when the needles are left long in the body; that its effect is not proportional to the irritation produced; nay, that it very often operates a cure, when it does not cause any irritation at all. Neither of these theories therefore can stand. They were probably suggested by the fact, that the Chinese and Japanese use acupuncture nearly in the same cases as the moxa.

The next theory we shall notice appeared at first to supply a plausible explanation of the facts. It has been already mentioned, that M. Cloquet,—on accidentally observing, or imagining he observed, a slight numbness and tremor in the muscles of his arm and fingers, when he held a needle which had been thrust into a

part affected with neuralgia,—was led to inquire whether electricity passed along the needle ; and that both he and Professor Pelletan, as well as M. Pouillet, found an electric current to exist in it, whenever the galvanic circle was completed by attaching a conductor between the needle and the patient's mouth. The inference was hastily, but naturally drawn, that the cause of pain in rheumatism and neuralgia is a morbid accumulation of the electric fluid in the part, and that the needle withdraws the accumulation by furnishing a proper conductor ; and Carraro, on the authority of one of his friends, has mentioned a fact, which, if true, would singularly confirm this theory,—namely, that no good effect is procured, if the head of the needle is covered with wax. The last statement, however, is in direct contradiction to the experience of every other observer. But besides, the theory is on other grounds liable to insurmountable objections. For in the first place, the soft solids of the body are good conductors of electricity ; consequently electricity cannot accumulate in them : Secondly, the phenomenon of the electric current in the needle takes place equally well when the needle is inserted into the healthy body : And thirdly, the passage of the electric current has been clearly proved by M. Pouillet to be connected with the oxidation of the needle, as it is not observable when the needle is made of an unoxidable metal, although the therapeutic effects are the same.

But although the electric theory cannot stand the test of examination in the shape in which it was thus originally conceived, it must be admitted to be very difficult to account for the effect of acupuncture without having recourse either to the properties of the electric fluid, or to those properties of the nervous fluid, by which it is associated with electricity. Accordingly M. Pelletan has hit upon an explanation, which, while it is doubtless hypothetical enough, has nevertheless the merit of being conformable with facts, and is justified by the late discoveries regarding the analogy between the nervous and electric fluids.

On viewing in conjunction the experimental researches of Dr Wilson Philip, of MM. Breschet, Vavasseur and Edwards, and of MM. Prévost and Dumas, it is impossible to resist the conclusion, that a striking resemblance prevails between the nervous fluid, and the electric current as produced by galvanism. In particular it appears, that in some vital operations the nervous may be replaced by the electric fluid ; that they resemble one another in relation to the power which bodies possess of conducting them ; and that the nervous ramifications may be regarded as so many conductors of nervous currents, some of which proceed in the same and others in opposite directions. It is by uniting these currents more directly than the nervous organization admits of, or by diffusing and mode-

rating local currents of preternatural force or quickness, that M. Pelletan conceives the acupuncture needles operate. He insists at all events, that various nervo-electric currents must really pass through the parts into which the needles are inserted, and that the needles, as being good conductors, unite them together. For he considers, that the annular oxidation so universally remarked on the needles can arise from nothing else than the union of so many opposite currents,—that union being established through the means of the oxidated portions of the metal.

This theory then, we presume, must for the present satisfy those who will not be content with resting their belief in the remedial virtues of acupuncture on the bare empirical facts, but who insist on being made acquainted with the mode in which the remedy acts.

Before leaving the present section, it is important to consider what reason may exist for regarding its effects as merely the consequence of mental impressions or emotions. This view of the therapeutic powers of acupuncture has been merely hinted at by one or two only of the numerous writers on the subject; a fact which can hardly depend on any other cause than on the circumstances connected with its operation being such as seemed to pronounce that view manifestly inadequate and untenable.

It is certainly very natural to expect that the operation of acupuncture should be attended with peculiar impressions on the mind. Few, perhaps, will submit to the insertion of the needles for the first time without experiencing more or less the emotion of fear; fewer still will submit without experiencing the emotion of surprise, and there is quite enough of formality and apparent mysticism, particularly in the method practised by M. Cloquet, to inspire the patient with a portion of that confidence, which forms the cause and *sine qua non* of success in the case of animal magnetism. Nor should it be forgot, that the diseases, in which it is agreed on all hands that acupuncture has been used with the most frequent and unequivocal success, namely the various neuralgic and spasmodic diseases, are peculiarly liable to be influenced by strong impressions on the mind. And to conclude, it is no small additional argument, that, in the cases in which it has been ultimately unsuccessful, it has very often procured much abatement of the symptoms at first, but has gradually diminished in effect at each successive repetition.

But however rational and conclusive these statements may appear on a superficial view, the inference which is drawn from them cannot bear, we apprehend, a close examination.

In the first place, the partizans of acupuncture might take up strong ground at once, and represent, that whatever may be the influence of mental impressions on neuralgic and spasmodic dis-

eases, there are many others, such as pleurisy, erysipelas, and contusions, which have been cured by the like means, although they are not subject to the like influence. And certainly, if the cases alluded to were sufficiently numerous and sufficiently trustworthy, the question under review would receive a speedy and satisfactory answer. But such is the unwillingness of most people to admit the remedial virtues of acupuncture at all, and such, it may be added, is our own hesitation to admit them to the extent which the argument now used implies, that,—without any special reason, without any other reason, in short, than the known uncertainty of medical facts when unconfirmed by repeated experience,—it is exceedingly difficult to grant the premises, on account of the magnitude and singularity of the conclusions.

In the second place, however, a candid and close examination of the therapeutic properties and collateral effects of acupuncture, even in the instances of neuralgia and muscular spasm, (in which the cases that establish its efficacy are too numerous, and derived from too many widely-distant sources to permit any one to deny their validity, without his being obliged to reject human testimony altogether,) will show with almost equal certainty, that mental impressions cannot account satisfactorily for the phenomena.

For as to fear, it is impossible to conceive that, among the many hundred individuals operated on by M. Cloquet at the Hospital of St Louis, there should not have been a very large number insensible to fear from so trifling a cause. A three-inch needle must be allowed to be a startling instrument to many. But it cannot be supposed to possess more power to scare away sciatica, than the terrors of the tooth-key have to banish tooth-ache ; which, although a frequent, is by no means an invariable or even general occurrence. Besides, fear operates at once ; whereas acupuncture much more frequently acts by degrees, and often slowly. Farther, in those successful cases in which it has been necessary to repeat the operation several times, its effect has continued undiminished, or has even increased with every repetition ;—a circumstance which cannot be reconciled with the idea, that the effect is in such cases owing to fear. And lastly, Professor Pelletan accounts the impression of fear of so little consequence to the cure, that to prevent it he recommends the operator to conceal the instrument, as in other operations (*Révue Médicale*, xvii. 88) ; nay, it has been distinctly stated by M. Berlioz, the first author who has written on the subject in the present century, that when the patient is frightened by the operation, he is rarely the better for it. (*Sur les Maladies Chroniques*, &c. p. 309.)

Most of the foregoing arguments, and particularly that derived from the occasional effects of repetition, form objections of nearly

equal force to the notion, that the feeling of surprise is the medium of action.

With regard to the cures having proceeded from the patients being impressed through the medium of the imagination with a mystical confidence in the remedy, it must be conceded that this view is the most probable of all those which refer the mode of action to the mind. But there are two obstacles which appear to throw an insurmountable barrier in the way of its adoption. For on the one hand, the proportion of the cures in neuralgia, amounting in M. Cloquet's hands to five-sixths of the whole, is much greater than could reasonably be expected from a power which possesses so feeble an influence over the operation of ordinary remedies. And on the other hand, the permanency of the cure in a vast proportion of instances of this disease,—a disease exceedingly apt to return under every plan of treatment,—is apparently irreconcilable not only with the effects of confidence in an imaginary remedy, but likewise with the therapeutic effects of all mental impressions whatsoever. Another fact of some consequence, which we have had an opportunity of witnessing personally is, that even when the treatment ultimately fails, and after the patient has entirely lost confidence in its efficacy, it may give temporary relief; and indeed we have also met with an instance in which neuralgic headache was removed in a few minutes, although the patient had hardly any confidence whatever in the cure.

(To be continued.)

NEW MEDICINES.

WE propose to insert, from time to time, as they may be received in this country, a short account of new remedies; giving such history of their uses, doses, &c, as will enable our readers to prescribe them understandingly. The following are already on this side the Atlantic. Their *prices* may excite a little alarm at first, but when we consider the exceeding minuteness of the *doses*, we shall find them not much more extravagant than others in common use.

Morphine. This is the peculiar alkali of opium, and is entirely freed from the narcotine, which is the principle in opium and laudanum, that is so apt to irritate and disorder the nervous system. Morphine is said to be a direct anodyne, and after its operation has run its course, the nervous system continues in a calm state. The black drop, and several other preparations of opium, have been said to effect this desirable purpose, but each in its turn has failed. We hope a different fate will attend the substance here treated of.

The *citrate*, the *sulphate*, and the *acetate*, are three salts of morphine which have been used in medicine, but the latter is preferred

to either of the others. The syrup of acetate, is a favorite remedy among the French. The solution of the acetate is most used in Boston, and indeed *generally* preferred. The *price* of Morphine is fifty dollars the ounce. The acetate and sulphate are the same. The solution of acetate, \$3 the ounce.

MODES OF PRESCRIBING MORPHINE.

1. *Pure Morphine.* Dose, from 1-8 to 1-4 of a grain or more.

2. *Syrup of Acetate of Morphine.*

Take of

Perfectly clarified Syrup, 1 pound troy.

Acetate of morphine, 4 grains.

Make a Syrup. Dose, from 2 to 4 teaspoons-full.

3. *Syrup of Sulphate of Morphine.*

Take of

Perfectly clarified Syrup, 1 pound.

Sulphate of Morphine. 4 grains.

Make a Syrup. Dose, from 2 to 4 teaspoons-full.

4. *Anodyne Drops.*

Take of

Acetate of Morphine, 16 grains.

Distilled Water, 1 ounce.

Acetic Acid, 3 or 4 drops.

Alcohol, 1 drachm.

Mix. Dose, from 6 to 24 drops.

5. *Solution of Acetate of Morphine.*

Take of

Acetate of Morphine, 16 grains.

Distilled Water, 6 drachms.

Diluted Acetic Acid, 2 drachms.

Make a Solution. Dose, from 6 to 24 drops.

Narcotine.—From what we have said of Morphine, our readers can judge of the effect of Narcotine. It promises nothing as a medicine; and is only a chemical curiosity. It sells for the *moderate* price of \$120 an ounce, to which circumstance perhaps is partly to be attributed its peculiar effects on the nervous system.

Extract of Opium deprived of Narcotine.—The action of this substance is decidedly narcotic, and entirely like that of Morphine, only weaker. "I have employed it," says Majendie, "in practice, with advantage, especially on a young Greek Physician of the greatest promise, who had not been able to bear well the common aqueous extract of the shops.

"This new preparation of opium, therefore, seems to deserve the attention of physicians." Dose, from 1-2 grain, to 2 grains.

Extract of Opium deprived of Morphine.—Four grains of this are not quite equivalent to a quarter of a grain of morphine. Usual dose from 2 to 6 grains.

(To be continued.)

INTELLIGENCE.

PHYSIOLOGY.

Chemical Character of the Saliva.

In a late work by Professors Tiedemann and Gmelin of the University of Heidelberg, are detailed several interesting experiments, tending to shew the nature of the secretion from the salivary glands, in man and other animals. These experiments were made with pure saliva from the salivary duct of the sheep and the dog, and with the impure saliva of man collected sometimes during its natural flow, sometimes during the stimulation of the ducts by tobacco smoke. From these it appears that the organic principles in the saliva of the dog are chiefly mucus and salivary matter, with a little osmazome; the saline substances are chiefly alkaline acetates and phosphates, and the carbonate and phosphate of lime; and the alkali is almost entirely soda. In the sheep the saliva contains a much larger proportion of phosphate of soda, which indeed appears to form the principal part of the solid contents; and it likewise contains the *Sulpho-cyanate of soda*, and no acetate. In man the impure saliva contains a proportion of alkaline phosphate intermediate between that in the dog and that in the sheep. The alkali in all the alkaline salts is not soda but potass; and, as in the sheep, there is here also a sensible quantity of *Sulpho-cyanic acid*. It appears, therefore, that the animal principles are nearly the same in all, but that the salts are different in each.

Remarkable case of Triple Dentition.

Elizabeth, wife of Dominique Morelli, healthy, and always having enjoyed good health, with the exception of toothaches, for which she was, each time she had them, obliged to lose blood, sometimes repeatedly. She was mother of four infants. In one attack of toothache, towards the middle of the month of March, 1821, after having suffered very much from the two last molares of the left side; she had them drawn. However, towards the end of October of the same year, extremely sharp pains preceded the cutting of two new teeth, which replaced those removed. In January, 1826, these new teeth becoming loose, and causing much pain, were removed also: they were white and beautiful, without any sign of caries.

July 16th, M. AIMONINO, who relates the case, was consulted by Madame Morelli, who complained of intolerable pains, and had an inflammatory toothache. Antiphlogistics and depletions were tried, without success; and, on the 18th, the patient discovered that a third supply of these two teeth was about to make its appearance; accordingly they soon protruded through the gums, and the pains ceased.

(*Repert. Med. Chirur. &c. de Torino.*)

The Pulse.

A case was lately admitted into St. Thomas' Hospital, which points out the necessity of examining the pulse in both wrists. The patient (a man) had received a severe contusion on the left side of the abdomen. The surgeon finding the pulse of the left wrist so small and weak as scarcely to be distinguishable, supposed that an internal bleeding had taken place, and cordials were in consequence freely exhibited to keep up the vital functions. On the following day the left pulse was in the same state, and observing symptoms indicative of increased action of the head, and fulness of the sanguiferous system, he examined the pulse in the right wrist, which he found to be full, and beat with such force, that he lost no time in abstracting blood. The left pulse was not affected by the loss of blood, and continued very feeble when he had nearly recovered.

Inoculation of Measles.

This inoculation, which was performed with success by Home and Hast, and recommended by Vogel, Percival, Brown, Munroe and Tissot, but was afterwards condemned by Cullen, Girtauner, Rosenstein, Vaidy, and Montfalcon, was again employed with advantage by Professor Speranza in an epidemic which prevailed in the territory of Mantua in 1822. Six boys in the house of Industry and afterwards he himself were inoculated with the most evident effect in propagating the disease, which in all followed a mild and regular course. A repetition of the experiment by himself and others, had the same fortunate issue. The inoculations were performed in the following manner. A slight cut was made into one of the most vivid of the large spots with a lancet, the point of which was covered with the blood effused. With this some small incised punctures were made on the arm, and a proper bandage applied. The phenomena of inoculation commonly appeared in a few days.

The subject is a very interesting one, and well deserves to be pursued. The relation between natural and artificial contagion in diseases of this class presents a most curious subject of pathological inquiry and one which would well repay the labor of investigation. We are not informed in the above statement what is the most favorable period of the disease for its communication, nor how the subsequent phenomena are affected by this circumstance. We hope similar experiments will be attempted in this country.

PRACTICAL MEDICINE.

Nitrate of Quicksilver.—This substance is coming into notice in France, and especially in the St Louis Hospital, as a caustic in scrofulous, syphilitic, and even cancerous ulcerations of the face—and in various cutaneous eruptions, which, says the reporter, “have yielded, as if by enchantment, to the action of this new remedy.” Some cases are detailed of the efficacy of the nitrate, but we need not insert them here. The nitrate of mercury is a powerful escharotic, and the nitrico-oxyde of mercury has long been employed in this country as a remedial agent of great efficacy, in the form of the unguentum hydrag. nitrico-oxydi.

Preparations of Iron in Chorea.—Dr Elliotson has published in the *Medico-Chirurgical Transactions*, several cases in which he found the carbonate and sulphate of Iron in large doses highly efficacious in chronic neuralgia, and various chronic ulcerations and pustular eruptions. He asserts from experiments that the carbonate may be given with safety in doses of half an ounce at first, every 4 hours, and continued for many weeks, without any danger or inconvenience; and that the sulphate, with extract of gentian, may be administered with equal safety in doses of a scruple.

It is well to know these facts from so good authority, but it is very questionable whether such doses produce any greater effect on disease than smaller ones. When given to such extent, a large proportion of the dose is apt to pass through the stomach and bowels without producing any effect on these organs. There is a case in the *Lancet* in which a severe neuralgia pain in the leg yielded entirely to

half ounce doses of this medicine, after smaller quantities had given but a certain degree of relief, and seemed unequal to any further effect; and we doubt not other instances may now and then occur where an individual is so constituted as to bear, and even require, enormous doses of any medicine, and where the carbonate of iron may be swallowed as if it were oatmeal. But from such instances no general rule can be inferred.

White Mustard Seed.—Several articles on the subject of this medicine are published in recent European Journals, some Pro. and others Con. The most general and best founded opinion seems to be, that, under professional direction, it may prove useful as a gently stimulating aperient; but when used without proper advice, it is capable of producing a high degree of irritation, and even permanent disease in the intestinal canal.

Nitre in Hæmoptysis.—The exhibition of nitre, in large doses, for the relief of Hæmoptysis, originated in Italy. It is now universally acknowledged on the continent of Europe to be a very successful practice. From a drachm to half an ounce may be given in 24 hours, combined with conserve of roses.

Ergot in Dysmenorrhæa.—The Edinburgh Journal contains a paper by Dr W Campbell, on Dysmenorrhæa, in which he says, as does Burns in this and almost all other complaints of women, if the patient be plethoric, depletives must be given during the interval—if weak, tonics. Two things, however, are worthy of record from this paper. Dr C. has found hyosciamus and opium inert in allaying the pain during the flow, and leeches to the groins and a hip bath quite successful. He has also found that Ergot, administered in doses of half an ounce of the decoction, every day during the interval, is capable of preventing a recurrence of the disease.

Tincture of Guaiacum in Amenorrhæa.—The ammoniated Tincture of Guaiacum has been found to succeed in removing chronic amenorrhæa when its use is persevered in from three to eight weeks as may be required. A teaspoon-full is given night and morning in a cup of milk; and care must be taken to obviate costiveness by the occasional use of aloetic cathartics. Two or three cases of successful treatment, upon this plan, are mentioned in late London Journals.

Amaurosis Cured by Vomiting.—Professor Polidoro, of Florence, has lately treated a case of amaurosis with complete success, by administering from 1 to 3 grs. of Emetic Tartar in an infusion of the arnica montana every morning. Vomiting was produced regularly by each dose, and in about a fortnight the patient's sight was restored, although for twenty years she had scarcely been able to distinguish light from darkness.

This is a very instructive case. It teaches us the great power of emetics in producing *absorption*, and we think the same remedy, with a sufficient degree of perseverance, might prove useful in many of a very troublesome class of diseases.

Extirpation of the Parotid Gland.—A case is related in the Revue Medicale, in which this operation was performed by the intrepid Lisfranc, with complete success. The attachments of the tumor, ran down among the pterygoid muscles, but the chief was to the condyle of the lower jaw. The hæmorrhage was profuse, and the danger and difficulties of the operation such as to have appalled almost any other surgeon.

New Instrument for throwing light into internal cavities.—A professor at Paris, has published an account of a new instrument he has invented, by which light may be thrown into internal cavities. This invention was highly applauded by the learned societies of France, and ridiculed by every body else. Perhaps both these circumstances may be attributed to an imperfect knowledge of the instrument and of the nature of the cavities subjected to examination by it.

It consists of a succession of tubes, the extremities of which are at certain

angles, according to the situation of the organ to be inspected. Mirrors are placed within, at the angles, so as to reflect light along the tubes. When the neck of the uterus, for example, is to be examined, one end of the instrument is to be inserted into the vagina.—A lighted candle held at the other end, the light is reflected by the mirrors along the tubes, and cast on the object. The eye following the light, examines the illuminated object.

Now it appears to us, that the moisture constantly exhaled, must immediately dim the mirrors and destroy their power of reflection, and thus frustrate the design of the instrument. It may however be adapted to an examination of the tympanum of the ear—where the objection would not exist, and where the attempts of the eye to discern it clearly, are so often interrupted by hairs in the meatus.

Massachusetts Medical College.—It will be noticed by an advertisement on our covers, that the time of commencing the lectures at this college, is altered from the third Wednesday in November, to the *third Wednesday in October*.

MEDICAL ECCENTRICITIES.

Red appearance of the tongue.—Dr Recamier, Physician to the Hotel Dieu, of Paris, in his late Hospital Reports, observes, “It is very necessary, in order to judge exactly of the color of the tongue, to observe the manner in which the patient puts it out. He thinks the tongue often blushes, like the face, in consequence of a moral impression; and that the presence of the physician sometimes produces this effect on a timid bashful maid (a numerous set, no doubt, in a *French* hospital); “whence, says the doctor, “the practitioner may be in error, who hastily states the tongue to be red.” When a physician, therefore, examines the tongue of a lady, he should be careful not to look much at her face, lest he should, by making her blush, heighten the redness of the tongue.

Decayed Teeth.—A French Dentist by the name of Piorry, has published a long Essay on this subject, wherein he asserts, that a carious speck on a tooth exerts a highly deleterious influence, not only on the interior parts of the mouth, but on the stomach, alimentary canal, liver and other abdominal viscera; on the eyes producing ophthalmia, and on the whole nervous system. He contends, therefore, that such a tooth ought to be immediately extracted, “even if it does not produce pain.”

Mr Abernethy, in his Surgical Lectures, condemns the practice of extracting carious teeth, and declares that nothing short of disease in the fang, socket, jaw, or gum, will justify such an operation; and Dr Reece declares his belief, that “the sound teeth are kept healthy by a carious tooth.”

Another gentleman, equally at enmity with carious teeth and the process of extracting them, comes forward and asserts that neither of the above principles is correct, and that the only sound dental philosophy must be built on the old maxim, *medio tutissimus ibis*. He therefore has invented an instrument by which the offending tooth may be smoothly *cut off* on a level with the gum. This operation he recommends when the diseased tooth becomes painful, and denounces with equal severity, the Dentist who recommends extraction, and the simple wight who submits to this unnecessary, painful, and hazardous operation.

TO SUBSCRIBERS.—The Editors of the American Journal give notice, that it is their intention to issue one number of their work *in the course* of every month. In performing this engagement, they shall not limit themselves to the commencement, or to any particular day of the month, but shall feel at liberty to be governed in their arrangements by the arrivals from Europe, which bring their materials. Immediately after the receipt of the foreign Journals, their most valuable contents will be transmitted to Subscribers through the medium of this work.

MEDICAL LECTURES IN HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University, will begin at the Medical College, Mason-street, Boston, on the **THIRD WEDNESDAY IN OCTOBER NEXT**; *the time having been altered* from the third Wednesday in November, on which they formerly began.

WALTER CHANNING,
Dean of the Medical Faculty.

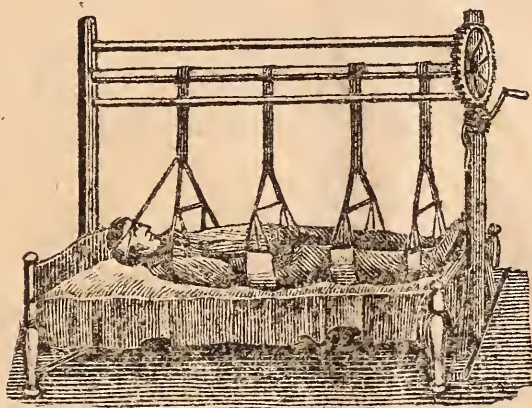
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MR. JOHN C. JENCKES' CELEBRATED ALLEVIATOR.



The inventor of the Alleviator has received many certificates of its usefulness from Medical and Scientific gentlemen of the first respectability: among them is the following:

From **JOHN C. WARREN, M. D. Principal of the Massachusetts Hospital.**
BOSTON, June 16, 1823.

Mr J. C. Jenckes having requested my opinion of his machine for raising the sick and wounded from bed, I have examined it, and found it well calculated for the purpose. In order to test its practical utility I desired him to convey it to the Massachusetts General Hospital, and have repeatedly employed it there, particularly in a case of fractured thigh, accompanied with delirium, and found it highly useful. Considering it therefore a valuable invention, I very heartily recommend it for the use of hospitals, and for all private patients who may be in need of it.

JOHN C. WARREN.

Persons desirous of further information, or wishing to obtain the above article, can apply to **WILLIAM HANCOCK, UPHOLSTERER, 39 & 41 Market-street, Boston.**

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